

## Certificate of Limited Partnership

A03000001749  
FILED  
December 16, 2003  
Sec. Of State

Name of Limited Partnership:

D.T.T.P. FAMILY LIMITED PARTNERSHIP, LTD.

Business Address of Limited Partnership:

524 STOCKTON STREET  
JACKSONVILLE, FL. 32204

Mailing Address of Limited Partnership:

524 STOCKTON STREET  
JACKSONVILLE, FL. 32204

The name and Florida street address of the registered agent is:

KATHLEEN H COLD  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL. 32202

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KATHLEEN H. COLD

The latest date upon which the Limited Partnership is to be dissolved is:

12-31-2050

The name and address of all general partners are:

Title: G  
D.T.T.P. INVESTMENTS, INC.  
524 STOCKTON STREET  
JACKSONVILLE, FL. 32204

**Affidavit of Capital Contributions  
For Florida Limited Partnership**

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The undersigned constituting all of the general partners of:  
D.T.T.P. FAMILY LIMITED PARTNERSHIP, LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:

6,000.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:

6,000.00

Signed this Sixteenth day of December, 2003

Under the penalties of perjury I (we) declare the I (we) have read the foregoing  
and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: WILLIAM W. GAY