

SHELLEY & HOLLAND

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE WOODWARD
FAMILY LIMITED PARTNERSHIP
A Florida Limited Partnership

The undersigned General Partner(s) hereby make, acknowledge and file this Certificate of Limited Partnership for the WOODWARD FAMILY LIMITED PARTNERSHIP, hereinafter referred to as the "Partnership".

1. Name of the Partnership. The name of the Partnership is "THE WOODWARD FAMILY LIMITED PARTNERSHIP."

2. Location of the Principal Place of Business and Office.
The principal place of business and office of the Partnership shall be in Volusia County, 167 Ridgewood Avenue, Holly Hill, Florida 32117. All records of the Partnership are maintained at the above address.

3. Registered Agent. The Registered Agent for service of process on this Partnership shall be MARILYN C. WOODWARD, located at 167 Ridgewood Avenue, Holly Hill, Florida 32117, who upon acceptance shall comply with the provisions of Florida law as amended from time to time, with respect to keeping an office open for service of process.

4. Names and Addresses of General Partners. The names and addresses of the General Partner(s) are as follows:

MARILYN C. WOODWARD: 167 Ridgewood Avenue, Holly Hill, Volusia County, Florida 32117.

5. Mailing Address. The mailing address for the Partnership is 167 Ridgewood Avenue, Holly Hill, Florida 32117.

6. Term. The term of the Partnership shall commence on the date of filing for record of the Certificate of Limited Partnership and shall continue until December 31, 2025, unless sooner terminated as provided in the Partnership Agreement.

7. Additional Partners. Additional partners (General and/or Limited) may be admitted only upon the written consent of all partners.

IN WITNESS WHEREOF, the undersigned General Partner(s) have hereunto set their hands and seal this 13 day of December, 1999.


MARILYN C. WOODWARD

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as Registered Agent of the WOODWARD FAMILY LIMITED PARTNERSHIP, which is contained in the foregoing Certificate of Limited Partnership.

Dated this 13 day of December, 1999.


NAME: MARILYN C. WOODWARD

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA


BEFORE ME, the undersigned authority, personally appeared MARILYN C. WOODWARD, who
being personally known to me and having taken an oath, did depose and say:

1. Affiant is a General Partner of the WOODWARD FAMILY LIMITED PARTNERSHIP.
2. The amount of capital contributions of the Limited Partners of the Partnership is \$ 450,000.
3. The amount of total capital contributions anticipated to be contributed by the Limited Partners is
\$ 450,000 (which includes the amount listed in item 2. above).

FURTHER YOUR AFFIANT SAYETH NOT.

Dated this 13 day of December, 1999 in Daytona Beach, Volusia County, Florida.


MARILYN C. WOODWARD


Notary Public, State of Florida
My commission expires:

