PULLUM & PULLUM, P.A.

ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS 1330 W. CITIZENS BLVD. LEESBURG, FLORIDA 34748

TELEPHONE (352) 728-3060

FAX (352) 728-0003

June 13, 2000

VIA FEDERAL EXPRESS

Corporate Records Bureau Division of Limited Partnerships Department of State Post Office Box 6327 Tallahassee, FL 32314

400003298574--06/21/00--01026--025 ***1837.50 ***1837.50 *

Re: WILLIAM N. AND LYNDA D. SNYDER, SR.

FAMILY LIMITED PARTNERSHIP

Gentlemen:

Find enclosed our firm's check in the amount of \$1,837.50 to cover the following fees of your office.

Filing Limited Partnership	\$1,750.00	·· — .
(Maximum Fee)		25 SE
Certified Copy	52.50	
Filing Resident Agent Form	35.00	

We enclose original and one copy of Certificate of Limited Parthership of this proposed Limited Partnership, Affidavit of Capital Contributions and executed resident agent form. Please endorse your approvation the copy of the Certificate of Limited Partnership, certify same and return to us, together with acknowledgment of filing of resident agent-

Thank you for your attention to the above.

Very truly yours,

Linda H. Hutson

Legal Assistant

/lhh Enclosures

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CERTIFICATE OF LIMITED PARTNERSHIP WILLIAM N. AND LYNDA D. SNYDER, SR. FAMILY LIMITED PARTNERSHIP, A LIMITED PARTNERSHIP

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

- 1. NAME OF LIMITED PARTNERSHIP. The name of the Limited Partnership is WILLIAM N. AND LYNDA D. SNYDER, SR. FAMILY LIMITED PARTNERSHIP, a Limited Partnership.
- 2. OFFICE FOR MAINTENANCE OF BUSINESS RECORDS. The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 3230 West Kennedy Boulevard, Tampa, Florida 33609-3007.
- 3. AGENT FOR SERVICE OF PROCESS. The name and address of the Partnership's agent for service of process in Florida is J. STEPHEN PULLUM, 1330 West Citizens Blvd., Suite 701, Leesburg, Florida 34748.
- 4. GENERAL PARTNERS. The name and business address of each General Partner in the Limited Partnership is as follows:

Name

Address

5 =

WILLIAM N. SNYDER, SR.

3230 W. Kennedy Blvd. Tampa, FL 33609-3007

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LYNDA D. SNYDER

3230 W. Kennedy Blvd 5 5 Tampa, FL 33609-3007

- 5. **ADDRESS OF PARTNERSHIP.** The mailing address of the Limited Partnership is 3230 West Kennedy Boulevard, Tampa, Florida 33609-3007.
- 6. DATE OF DISSOLUTION. The latest date on which the Limited Partnership is to dissolve is fifty (50) years from the effective date of this Limited Partnership.

Dated:

June ______, 2000 Tampa, Florida

WILLIAM N. SNYDER SR.

LYNDA B. SNYDER . SNYDER

"General Partners"

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

Printed Name:

Notary Public State of Florida

Commission Number:

My Commission Expires:

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J. Stephen Pullum

Notary Public, State of Florida

Commission No. CC 6H004

My Commission Exp. 1/1/2001

Bonded Through Fla. Notary Service & Bonding Co.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of the WILLIAM N. AND LYNDA D. SNYDER, SR. FAMILY LIMITED PARTNERSHIP, a Limited Partnership, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

The Limited Partners have made capital contributions in the following amounts:

Name of Limited Partner

Amount of Contribution

LILLIAN B. DAVIS

\$1,000,000.00

It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

Name of Limited Partner Amount of Contribution

LILLIAN B. DAVIS

\$2,500,000.00

Dated:

June 2000 Tampa, Florida

"General Partner

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this day of June, 2000, by LYNDA D. SNYDER, as General Partner. person did not take an oath and (check one) // is personally known to me, ____ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ____ produced other identification, to wit:

Printed Name:

Notary Public State of Florida

Commission Number:

My Commission Expires:

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J. Stephen Pullum J. Stephen Putitim
Notary Public, State of Florida
Commission No. CC 611004
My Commission Exp. 1/1/2001 Bonded Through Fla. Notary Service & Bonding Co. WITHIN THE PROPERTY SELVED OF BOILDING CO. CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.061, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST-- THAT WILLIAM N. AND LYNDA D. SNYDER, SR.

FAMILY LIMITED PARTNERSHIP, A LIMITED PARTNERSHIP DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,
WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF TAMPA, STATE OF
FLORIDA, HAS NAMED J. STEPHEN PULLUM, LOCATED AT 1330 W. CITIZENS
BLVD., SUITE 701, CITY OF LEESBURG, STATE OF FLORIDA, AS ITS AGENT
TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE ///// General Partner

TITITE

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

(Resident Agent)

DATE 4-8-2001

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