

Bodzin & Golub, P.C.

STEPHEN BODZIN
MICHAEL J. GOLUB

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WASHINGTON, D.C. 20005

Telephone: (202) 785-8887
Facsimile: (202) 785-8882

June 28, 2000

Secretary of State of Florida
Limited Partnership Division
P.O. Box 6327
Tallahassee, Florida 32314

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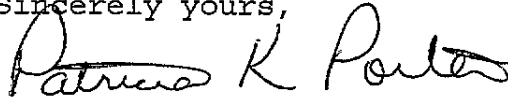
Re: Reed Family Limited Partnership

Dear Sir/Madam:

We are enclosing for recordation a short form Certificate of Limited Partnership to the Limited Partnership Agreement and Certificate of Limited Partnership and Affidavit of Limited Partners' Capital Contributions for the above-named Limited Partnership. A check in the amount of \$1,837.50 to cover the filing fees, registered agent fee, and the cost of a certified copy is enclosed.

Thank you for your prompt attention to this matter. If you have any questions concerning this filing, please call me at the telephone number shown above.

Sincerely yours,



Patricia K. Porter
Office Coordinator

/pp
Encls.

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FILED
00 JUL -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
PURSUANT TO FLORIDA STATUTES 620.108
OF
REED FAMILY LIMITED PARTNERSHIP

A. Name : REED FAMILY LIMITED
PARTNERSHIP

B. Address : P. O. Box 27820 - Bay Point
Panama City, Florida 32411

C. Registered Agent : Diane C. Hare
3003 S. Highway 77, Suite A
Lynn Haven, Florida 32444

D. General Partner : Osteon, Inc. *P99-42577*
P. O. Box 27820 - Bay Point
Panama City, Florida 32411

E. Mailing Address : P. O. Box 27820 - Bay Point
Panama City, Florida 32411

F. Latest Dissolution Date : December 31, 2069

Additional terms of the Certificate of Limited Partnership are set forth in the Limited Partnership Agreement and Certificate of Limited Partnership of Reed Family Limited Partnership, which is being filed contemporaneously with this Certificate of Limited Partnership.

This document is duly executed and is being filed in accordance with Section 620.108, Florida Statutes.

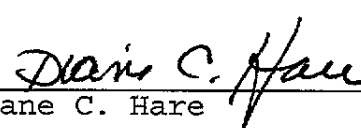
General Partner:

Osteon, Inc.

By: 

Michael Reed, President

The undersigned, DIANE C. HARE, a resident of the State of Florida, hereby agrees to serve as Registered Agent for the REED FAMILY LIMITED PARTNERSHIP.


Diane C. Hare

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STATE OF FLORIDA
TALLAHASSEE

COUNTY OF Deer

I HEREBY CERTIFY that on this 30 day of Sept, 1999, before me personally appeared MICHAEL REED, who is personally known to me or who has produced the identification identified below, who is the person described in and who executed the foregoing instrument, and who after being duly sworn says that the execution hereof is his free act and deed for the uses and purposes herein mentioned.

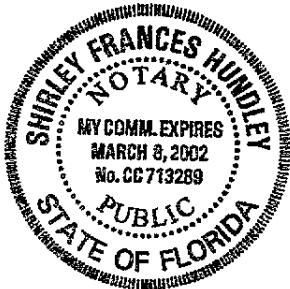
SWORN TO AND SUBSCRIBED before me the undersigned Notary Public by my hand and official seal, the day and year last aforesaid.

_____ To me personally known
 _____ Identified by Driver's License Number _____
 _____ Issued by the State of _____

Shirley F. Hundley
Notary Public
Typed Name Shirley F. Hundley

My Commission Expires: 3-8-02
Commission No.: CCF13289
State of Florida

[SEAL]



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CLERK OF STATE
TALLAHASSEE, FLORIDA

REED FAMILY LIMITED PARTNERSHIP

AFFIDAVIT

OF

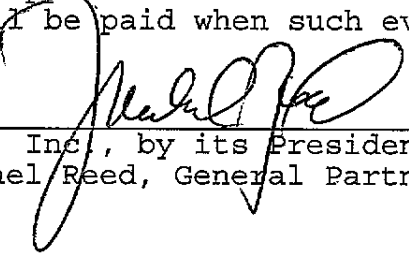
LIMITED PARTNERS' CAPITAL CONTRIBUTIONS

Personally before me, the undersigned authority, a Notary Public in and for the County of Bay, State of Florida, duly commissioned and qualified, there came and appeared MICHAEL REED, President of Osteon, Inc., the General Partner of the REED FAMILY LIMITED PARTNERSHIP, being first duly sworn, did depose and say:

1. The names, addresses and value of the capital contributions of the limited partners as of Sept. 30, 1999, of the REED FAMILY LIMITED PARTNERSHIP are as follows:

(i) Michael Reed and Myra Reed, JTWROS P. O. Box 27820 - Bay Point Panama City, Florida 32411	\$1,450,000
TOTAL	\$1,450,000 =====

2. The amount of capital contributions by any future limited partners has not yet been determined. In the event additional capital is contributed to the Partnership by any future limited partners, a supplemental affidavit will be filed and the appropriate fees will be paid when such event occurs.



Osteon, Inc., by its President,
Michael Reed, General Partner

[SEAL]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL -5 AM 9:32

FILED

STATE OF Florida

COUNTY OF Bay

I HEREBY CERTIFY that on this 30 day of Sept, 1999, before me personally appeared, MICHAEL REED, who is personally known to me or who has produced the identification identified below, who is the person described in and who executed the foregoing instrument, and who after being duly sworn says that the execution hereof is his free act and deed for the uses and purposes herein mentioned.

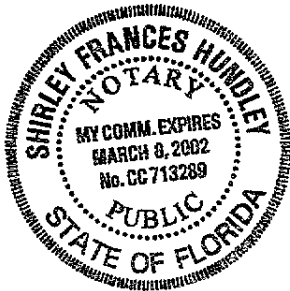
SWORN TO AND SUBSCRIBED before me the undersigned Notary Public by my hand and official seal, the day and year last aforesaid.

✓
____ To me personally known
____ Identified by Driver's License Number _____
____ Issued by the State of _____

Shirley F. Hundley
Notary Public
Typed Name Shirley F. Hundley

My Commission Expires: 3-8-02
Commission No.: CC 713289
State of FLORIDA

[SEAL]



FILED
00 JUL -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA