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Enclosures
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**CERTIFICATE OF LIMITED PARTNERSHIP
BILL P. CUMBAA 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 **BILL P. CUMBAA 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 **2402 Griffin Drive, Leesburg, Florida 34748.**

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.**

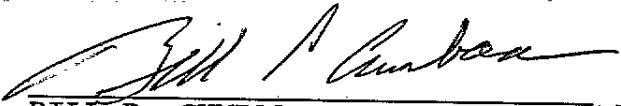
4. **GENERAL PARTNERS.** The name and business address of each General Partner in the Limited Partnership is as follows:

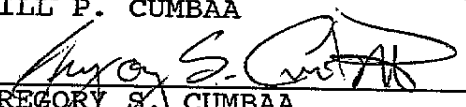
<u>Name</u>	<u>Address</u>
BILL P. CUMBAA	2402 Griffin Drive Leesburg, Florida 34748
GREGORY S. CUMBAA	2405 Griffin Drive Leesburg, FL 34748

5. **ADDRESS OF PARTNERSHIP.** The mailing address of the Limited Partnership is **2402 Griffin Drive, Leesburg, Florida 34748.**

6. **DATE OF DISSOLUTION.** The latest date on which the Limited Partnership is to dissolve is thirty (30) years from the effective date of this Limited Partnership.

Dated: 7-28, 2000
Leesburg, Florida


BILL P. CUMBAA

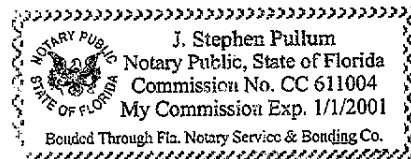

GREGORY S. CUMBAA

"General Partners"

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 28th
day of July, 2000, by BILL P. CUMBAA, as General Partner.
Said person did not take an oath and (check one) ☒ is person-
ally 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:
_____.

[Signature]
Printed Name: _____
Notary Public State of Florida
Commission Number: _____
My Commission Expires: _____

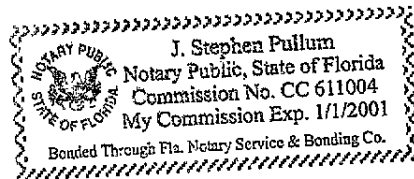


STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 28th
day of July, 2000, by GREGORY S. CUMBAA, as General
Partner. Said 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:
_____.

[Signature]
Printed Name: _____
Notary Public State of Florida
Commission Number: _____
My Commission Expires: _____

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of the BILL P. CUMBAA PARTNERSHIP, LTD, a Limited Partnership, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partner has made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
BILL P. CUMBAA, as Trustee of the BILL P. CUMBAA LIVING TRUST AGREEMENT, dated September 30, 1992, as amended	\$1,000,000.00

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

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
BILL P. CUMBAA, as Trustee of the BILL P. CUMBAA LIVING TRUST AGREEMENT, dated September 30, 1992, as amended	\$4,000,000.00

Dated: 7-28, 2000
Leesburg, Florida


BILL P. CUMBAA


GREGORY S. CUMBAA

"General Partners"

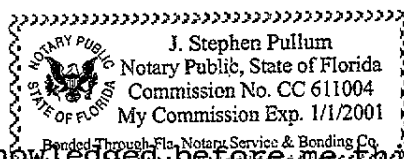
STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 28th
day of July, 2000, by BILL P. CUMBAA, as General Partner.

Said 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: _____

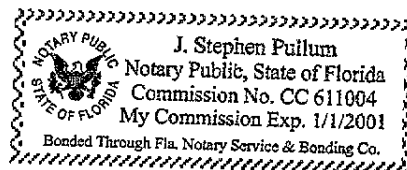
STATE OF FLORIDA
COUNTY OF LAKE



The foregoing instrument was acknowledged before me this 28th day of July, 2000, by GREGORY S. CUMBAA, as General Partner. Said 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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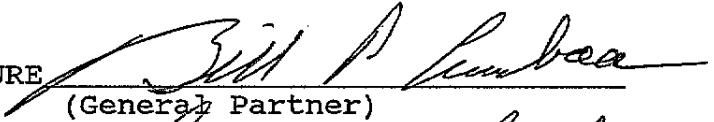


CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED.

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

FIRST-- THAT BILL P. CUMBAA FAMILY LIMITED PARTNER-
SHIP, 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 LEESBURG, 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)

TITLE

DATE

General Partner
7-28-2000

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

7-28-2000

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