

ACCOUNT NO. : 072100000032

REFERENCE: 817022 9569A

AUTHORIZATION:

COST LIMIT : \$ PREPAID

ORDER DATE: August 30, 2000

ORDER TIME : 4:15 PM

ORDER NO. : 817022-005

CUSTOMER NO: 9569A

CUSTOMER: _Joseph D. Zaks, Esq

Paulich Slack & Wolff, Pa

Suite 203

801 Anchor Rode Drive Naples, FL 34103

DOMESTIC FILING

NAME: ROBERT C. JONES FAMILY LIMITED

PARTNERSHIP

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

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CERTIFICATE OF LIMITED PARTNERSHIP



OF

ROBERT C. JONES FAMILY LIMITED PARTNERSHIP

The undersigned is the General Partner of ROBERT C. JONES FAMILY LIMITED PARTNERSHIP (the "Partnership").

- **1. Name of Partnership.** The name of the Partnership is ROBERT C. JONES FAMILY LIMITED PARTNERSHIP.
- 2. Location of Records and Mailing Address. The street address of the Partnership at which the records of the Partnership shall be kept and the mailing address of the Partnership is: 1135 Galleon Drive, Naples, Florida 34102.
- 3. Registered Agent. The registered agent of the Partnership is JOHN PAULICH, III, who is a resident of this state. The street address of the registered agent is 801 Anchor Rode Drive, Suite 203, Naples, Collier County, Florida 34103.
- 4. Name and Address of General Partner. The name and post office address of the General Partner is:

ROBERT C. JONES 1135 Galleon Drive, Naples, FL 34102 its affairs wound up on August 24, 2099 or at such earlier time as is required by law or the Limited Partnership Agreement. IN WITNESS WHEREOF, the General Partner has executed this Certificate Limited Partnership. Date: August 25, 2000 STATE OF FLORIDA COUNTY OF COLLIER The foregoing instrument was acknowledged before me this **25th** day of August, 2000, by ROBERT C. JONES who personally appeared and who x is personally known to me or who produced a driver's license as identification and who acknowledged to me that he executed the same for the purposes and considerations therein expressed and as the authorized representative of ROBERT C. JONES LIMITED PARTNERSHIP. Notary Public Printed Name: My Commission Expires: Nancy K. MacMillan IMMISSION # CC616162 EXPIRES February 5, 2001 SONDED THRU TROY FAIN INSURANCE, INC This instrument was prepared by: Joseph D. Zaks, Esquire Paulich, Slack & Wolff, P.A.

Dissolution of Partnership. The Partnership shall be dissolved and

Naples, Florida 34103

801 Anchor Rode Drive, Suite 203

5.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting the sole general partner of ROBERT C. JONES FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies:

The amount of capital contributions to date of the limited partners is \$196,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$500,000.

FURTHER AFFIANT SAYETH NOT.

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

ROBERT JONES

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for ROBERT C. JONES FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent, including Florida Stat. § 620.192.

Dated this **25** day of August, 2000.

ØHN PAULICH, III REGISTERED, ÅGENT