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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP OF  
REDMOND FAMILY, LTD.**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be **REDMOND FAMILY, LTD.**

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106 shall be located at **2514 Prospect Road, Tampa, Florida 33629**, and the name of the Partnership's agent for service of process at said address is **DAVID L. REDMOND**.

3. **Name and Business Addresses of the General Partner.**

<u>Name</u>	<u>Address</u>
David L. Redmond	2514 Prospect Road Tampa, Florida 33629

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be **2514 Prospect Road, Tampa, Florida 33629**.

5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for the **REDMOND FAMILY, LTD.**

DATED this 10 day of November, 2000.

GENERAL PARTNER:

David L. Redmond  
DAVID L. REDMOND

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, 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.

David L. Redmond  
DAVID L. REDMOND

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00 NOV 27 AM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

I, **DAVID L. REDMOND**, the General Partner of **REDMOND FAMILY, LTD.**, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$ 1,500,000.00 of capital to the Partnership.

2. It is anticipated that \$ none of additional contributions may be contributed by the limited partners in the future.

Dated this 10 day of Nov., 2000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declare that they have read the foregoing and that the facts alleged are true, to the best of their knowledge and belief.

**GENERAL PARTNER:**

David L. Redmond  
DAVID L. REDMOND

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of November, 2000, DAVID L. REDMOND, who is personally known to me or who has produced FL drivers license as identification.



Keli S. Crosland  
MY COMMISSION # CC826657 EXPIRES  
May 14, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

Keli S. Crosland  
NOTARY PUBLIC  
Name: Keli S. Crosland  
Serial No. \_\_\_\_\_  
My Commission expires: \_\_\_\_\_