



One Tampa City Center 22nd Floor P.O. Box 3433 (Zip 33601) Tampa, FL 33602 Telephone: (813) 229-3321

Facsimile: (813) 223-9067

MANNI@annislaw.com

600003476276

November 22, 2000

Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re:

Redmond Family, Ltd.

Our File No: 3287-001-13A

Dear Sir:

Enclosed are an original and one copy of the Certificate of Limited Partnership, Affidavit of Capital Contributions and Acceptance by Registered Agent for the above-captioned partnership, along with the client's check in the amount of \$1,793.75 to cover the cost of filing, registered agent and Certificate of Status fees.

Please file the original Certificate of Limited Partnership and Affidavit. We would appreciate your placing the "Date *Filed* Stamp" on the copy of each document and return them along with the Certificate of Status to the attention of the undersigned by mail.

Your assistance is appreciated. If you have any questions, please do not hesitate to all

Sincerely,

Michael D. Annis

MDA:ak

Enclosures

3287-001-756192

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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. <u>Name of Partnership</u>. 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.

Name

Address

David L. Redmond

2514 Prospect Road Tampa, Florida 33629

- 4. <u>Mailing Address for the Limited Partnership</u>. 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 Floridan 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

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

3287-001-706036

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

and the control of th

| I, DAVID L. REDMOND , the General Florida limited partnership, hereinafter referred to certifies as follows: | Partner of REDMOND FAMILY, LTD., a o as the "Partnership," who, upon being sworn, |
|---|---|
| 1. The limited partners have contri Partnership. | ibuted \$_1,500,000.00 of capital to the |
| 2. It is anticipated that \$ none by the limited partners in the future. | of additional contributions may be contributed |
| Dated this 10 day of Nov. , 2000. | •• |
| FURTHER AFFIANT SAYETH NOT. | |
| Under penalties of perjury, the undersigne that the facts alleged are true, to the best of their k | ed declare that they have read the foregoing and mowledge and belief. |
| | GENERAL PARTNER: |
| | David Z. Gedmond DAVID L. REDMOND |
| STATE OF FLORIDA COUNTY OF HILLSBOROUGH | OO NE TALLA |
| The foregoing instrument was acknowled 2000, DAVID L. REDMOND, who is person | nally known to me or who has produced |
| identification. | ORA 2 |
| | She & Cash Jam 3 |
| Keli S. Crosland MY COMMISSION # CC826657 EXPIRES | NOTARY PUBLIC Name: Kai S. Crosland |
| May 14, 2003 BONDED THRU TROY FAIN INSURANCE, INC. | Serial No |
| | My Commission expires: |