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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **700003719377--1**
-02720701-01003-006
 ***1837.50 ***1837.50
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

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TALLAHASSEE, FLORIDA

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

A01-256
OR

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE HICKMAN FAMILY CAPITAL MANAGEMENT LIMITED PARTNERSHIP
A Florida Limited Partnership

The undersigned makes the following declaration of information for the purpose of forming THE HICKMAN FAMILY CAPITAL MANAGEMENT LIMITED PARTNERSHIP under the Florida Revised Uniform Partnership Act:

1. Name. The name of this Limited Partnership is THE HICKMAN FAMILY CAPITAL MANAGEMENT LIMITED PARTNERSHIP.

2. Business. The purpose of the Partnership's business is to own, acquire, sell, manage and lease investment property of any type, kind or description, including marketable securities and real estate, and to do all other things necessary, proper, convenient or advisable in connection therewith.

3. Principal Place of Business and Location of Records. The location of the principal place of business of the Partnership is 230 Royal Palm Way, Suite 300, Palm Beach, Florida 33480, at which place the records shall be maintained.

4. Registered Agent. The name and address of the registered agent for service for this Limited Partnership is Charles Ryan Hickman, c/o Charles Ryan Hickman, P.A., at 230 Royal Palm Way, Suite 300, Palm Beach, Florida 33480, and who acknowledges by his signature hereunder that he accepts such designation.

5. The General Partner. The name and business address of the General Partner is Charles Ryan Hickman, c/o Charles Ryan Hickman, P.A., 230 Royal Palm Way, Suite 300, Palm Beach, Florida 33480.

6. Mailing Address. The mailing address of the Limited Partnership is c/o Charles Ryan Hickman, P.A., 230 Royal Palm Way, Suite 300, Palm Beach, Florida 33480.

7. Term. The Partnership shall begin at the time of the filing of the certificate of Limited Partnership with the Department of State and shall liquidate and dissolve on the 35th

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5:00
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TALLAHASSEE, FLORIDA

anniversary of the date of THE HICKMAN FAMILY CAPITAL MANAGEMENT LIMITED PARTNERSHIP AGREEMENT, unless terminated or dissolved earlier or extended by written agreement of all of the Partners.


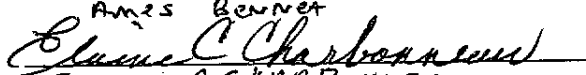
8. Affidavit of the Amount of Capital Contributions. The amount of capital contributions of each limited partner and the amount of capital contributions anticipated by the limited partners is described in the Affidavit attached as Schedule A.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 16th day of February, 2001.

Witnesses

GENERAL PARTNER:

Charles Ryan Hickman


Ames Bennett

ELAINE C. CHARBONNEAU

By: Charles Ryan Hickman

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent for the above-referenced Florida Limited Partnership at the above-designated Registered Office, the undersigned hereby accepts the appointment, and agrees to comply with the provisions of Chapter 620 et seq., Florida Statutes, as amended from time to time, concerning the obligations of registered agents.

Executed this 16th day of February, 2001.

Charles Ryan Hickman
Charles Ryan Hickman, Registered Agent

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01 FEB 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCHEDULE A

**THE HICKMAN FAMILY LIMITED PARTNERSHIP
AFFIDAVIT OF THE AMOUNT OF THE CAPITAL CONTRIBUTIONS OF THE
LIMITED PARTNERSHIP, AND ANY AMOUNT ANTICIPATED TO BE
CONTRIBUTED BY THE LIMITED PARTNERS**

The undersigned presents this Affidavit, given under oath, to affirm the following:

1. The amount of the capital contributions to date by the Limited Partners is \$0.00.
2. The amount anticipated to be contributed by the Limited Partners at this time totals \$1,136,250.00.

Charles Ryan Hickman

By: Charles Ryan Hickman

STATE OF FLORIDA)
) SS:
COUNTY OF PALM BEACH)

On this 16th day of February, 2001, before me personally came Charles Ryan Hickman, General Partner, who is personally known to me (yes) (no) or who has produced _____ as identification to me, and who acknowledged execution of the foregoing instrument.

Elaine C Charbonneau
Notary Public, State of Florida
Name: ELAINE C. CHARBONNEAU
(Print Name)
My Commission Expires:

FORMS\Partnership\STOLPART.DOC



Elaine C. Charbonneau
MY COMMISSION # CC776237 EXPIRES
September 17, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
01 FEB 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA