April 27, 2001

VIA HAND DELIVERY

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, Fl 32301

Re: Turner Family Holdings, Ltd.

Dear Sir/Madam:

Enclosed please find the following:

1. Original Certificate of Limited Partnership of Turner Family Holdings Ltd

2. Original Acknowledgement of Registered Agent;

3. Original Affidavit of Capital Contributions; and

3. Check in the amount of \$1,785.00 for the Limited Partnership Registration.

Thank you for your attention to this matter.

Sincerely,

BROAD AND CASSEL

Joseph P Jones

JPJ:tje Enclosures

> 50000408555-78 -04/30/01--01004--012 ***1785.00 ***1785.00

BOCA RATON . FT. LAUDERDALE . MIAMI . ORLANDO . TALLAHASSEE . TAMPA . WEST PALM BEACH



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 30, 2001

BROAD AND CASSEL

TALLAHASSEE, FL

SUBJECT: TURNER FAMILY HOLDINGS, LTD.

Ref. Number: W01000009638



We have received your document for TURNER FAMILY HOLDINGS, LTD. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit of capital contributions must list TWO DEFINITE MONEY AMOUNTS. You must first tell us the limited partner contribution amount to date. Then you must tell us that TOTAL AMOUNT CONTRIBUTED AND ANCITIPATED TO BE CONTRIBUTED BY THE LIMITED PARTNERS.

We cannot accept "approximately \$10 million" because the law requires that a SUPPLEMENTAL AFFIDAVIT will have to be filed when this total anticipated amount is surpassed.

On future filings, you may wish to copy the language on our AFFIDAVIT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 201A00025447

CERTIFICATE OF LIMITED PARTNERSHIP OF TURNER FAMILY HOLDINGS, LTD.

Pursuant to the authority of Section 620.108, *Florida Statutes*, the undersigned, constituting the general partner of TURNER FAMILY HOLDINGS, LTD. (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

- 1. The name of the Partnership shall be TURNER FAMILY HOLDINGS, LTD. (the "Partnership").
- 2. The address of the initial office where records shall be kept shall be 215 South Monroe Street, Suite 400, Tallahassee, Florida 32301. The name and address of the initial registered agent for service of process is M. Stephen Turner, 215 South Monroe Street, Suite 400, Tallahassee, Florida 32301.
 - 3. The name and initial business address of the General Partner is:

M. Stephen Turner, P.A. V72946 215 South Monroe Street, Suite 400 Tallahassee, Florida 32301

- 4. The initial mailing address of the limited partnership is: P.O. Box 10261, Tallahassee, Florida 32302.
 - 5. The latest date upon which the Partnership is to dissolve shall be December 31, 2050.

This Certificate has been executed by the undersigned as of the day of April ,2001.

GENERAL PARTNER

M. Stephen Turne

By: _______

Its: President

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as the Registered Agent for TURNER FAMILY HOLDINGS, LTD., the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited partnership and states that it is familiar with and accepts its statutory obligations as such, including those obligations contained in Section 620.912, *Florida Statutes*.

Dated this 24 day of Mil , 2001.

M. STEPHEN TURNER, P.A.

M. Stephen Turner

Its: President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, being the General Partner of TURNER FAMILY HOLDINGS, LTD. and being duly sworn, does hereby set forth the following for the purpose of accompanying the filing of the Certificate of Limited Partnership of TURNER FAMILY HOLDINGS, LTD., with the Florida Department of State, as required by Section 620.108, *Florida Statutes*:

The amount of the ca	pital contributions	of the limited	partners as of the	date hereof is
\$ 1785.	. Further capital	contributions i	n the	. amount of
\$ \$10 mellion	are anticipated from	m the limited par	tners in the future.	The maximum
allowable filing fee is being re	mitted.			×
This Affidavit is execu	ited and sworn to b	y:		
		GENERAL	PARTNER	
		M. STEPH	EN TURNER, P.A.	

Its: President

Dated this 27 day of () 2001.

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me this day of April, 2001, by M. STEPHEN TURNER, as President of M. STEPHEN TURNER, P.A., who is either personally known to me or produced ______ as identification.

[Signature of Notary Public]
[Typed name of Notary Public]
Commission No.

My commission expires:





Joseph P. Jones
MY COMMISSION # DD012912 EXPIRES
March 27, 2005
BONDED THRU TROY FAIN INSURANCE, INC.