

Division of Corporations

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CAUTHEN AND FELDMAN, P.A.
Account Number : I19980000085
Phone : (352) 343-2225
Fax Number : (352) 343-7759

AL

FLORIDA LIMITED PARTNERSHIP
CFNT, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,785.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/18/01 09:57 FAX 352 343 7759

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018

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CERTIFICATE OF
LIMITED PARTNERSHIP OF
CFNT, LLLP

The undersigned, constituting all of the general partners, hereby execute 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 CFNT, LLLP.
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 601 Bayshore Blvd., Suite 650, Tampa, FL 33609, and the name of the Partnership's agent for service of process is CAROL LYNN FUNK, and the address of the registered agent is 601 Bayshore Blvd., Suite 650, Tampa, Florida 33609.

3. Name and Business Address of the General Partner.

- (a) The name and address of the General Partner is:

Name

Address

CFNT, Inc.

601 Bayshore Blvd., Suite 650
Tampa, FL 33609

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be 601 Bayshore Blvd., Suite 650, Tampa, Florida 33609.

5. Term. The term for which the Partnership is to exist shall be from the filing of this Certificate in the Office of the Secretary of State of the State of Florida until December 31, 2051, unless sooner terminated in accordance with the Limited Partnership Agreement for CFNT, LLLP.

DATED this 16 day of JULY, 2001.

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

CFNT, INC.

By


Carol Lynn Funk, President

GENERAL PARTNER

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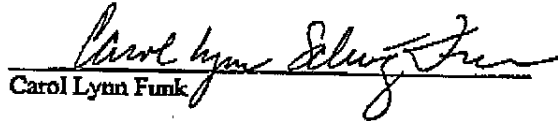
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ACCEPTANCE BY REGISTERED AGENT

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.


Carol Lynn Funk

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

07/17/01 14:33 FAX 352 343 7759

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of CFNT, LLLP, a Florida Limited Partnership, certify as follows:

1. To date, the amount of capital contribution of the limited partners is \$100.00.
2. The total amount contributed or anticipated to be contributed by the limited partners at this time totals \$2,750,000.00.

DATED this 16 day of JULY, 2001.

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

CFNT, INC.

By Carol Lynn Funk
Carol Lynn Funk, President

GENERAL PARTNER