

GRAYHARRIS
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August 26, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

200007387892--6
-08/28/02-01033-001
***1785.00 ***1785.00

RE: Morris D. Anderson Family Partnership, Ltd.

Dear Sir or Madam:

Enclosed please find the original and one copy of the following documents for

- (1) Certificate of Limited Partnership;
- (2) Affidavit of Capital Contributions

together with this firm's check in the sum of \$1,785.00 representing the filing fee registered agent fee. Please return a stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions regarding this matter, please contact our office.

Very truly yours,

GRAY, HARRIS, ROBINSON, P.A.

Wade Boyette
Wade Boyette

KWB/jcg
Enclosures

FILED
02 AUG 28 AM 9:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A02-1176
TC

CERTIFICATE OF
LIMITED PARTNERSHIP OF
MORRIS D. ANDERSON FAMILY PARTNERSHIP, LTD.

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 MORRIS D. ANDERSON FAMILY PARTNERSHIP, 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 10700 Bronson Road, Clermont, FL 34711, and the name of the Partnership's agent for service of process is: Morris D. Anderson, and the address of the registered agent is 10700 Bronson Road, Clermont, FL 34711.
3. **Name and Business Address of the General Partners.**
 - (a) The name and address of the General Partner is:

<u>Name</u>	<u>Address</u>
Morris D. Anderson, Trustee of the Morris D. Anderson Family Trust dated January 10, 2002	10700 Bronson Road Clermont, FL 34711
4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be 10700 Bronson Road, Clermont, FL 34711.
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 the 31st day of December, 2052, unless sooner terminated in accordance with the Limited Partnership Agreement for Morris D. Anderson Family Partnership, Ltd.

DATED this 15 day of August, 2002.

FILED
12 AUG 28 AM 9:25
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MORRIS D. ANDERSON FAMILY TRUST
dated January 10, 2002.

Morris D. Anderson
MORRIS D. ANDERSON, Trustee

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.

Morris D. Anderson
MORRIS D. ANDERSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of MORRIS D. ANDERSON FAMILY PARTNERSHIP, LTD., a Florida Limited Partnership, certifies as follows:

1. To date, the amount of capital contribution of the limited partner is \$0.00.
2. The total amount contributed and anticipated to be contributed by the limited partner at this time totals \$1,800,000.00.

DATED this 15 day of August, 2002.

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

MORRIS D. ANDERSON FAMILY
TRUST dated January 10, 2002

By: Morris D. Anderson, Trustee
MORRIS D. ANDERSON, Trustee
General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG 18 AM 9:25

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