

A020000001348

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000210016 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : AKERMAN SENTERFITT & EIDSON
Account Number : 076656002425
Phone : (407) 843-7860
Fax Number : (407) 843-6610

RECEIVED
02 OCT -9 PM 2:37
DIVISION OF CORPORATIONS

*File 1st
Statement of Qualifications & follow*

FLORIDA LIMITED PARTNERSHIP

LIBERTY MAGUIRE, LLLP

02 OCT -9 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$140.00 |

10-9-02

(((H02000210016 0)))

CERTIFICATE OF LIMITED PARTNERSHIP
OF
LIBERTY MAGUIRE, LLLP

This Certificate of Limited Partnership is prepared and recorded in accordance with the provisions of the Uniform Limited Partnership Act as contained in Chapter 620 of the Florida Statutes.

1. The name of this Partnership is: **LIBERTY MAGUIRE, LLLP.**

2. The location of the principal place of business of the Partnership shall be at: 310 West Central Parkway, Suite 7000, Altamonte Springs, Florida, 32714, and the name and address of the agent for service of process is: Wm. Michael Mikkelson, 310 West Central Parkway, Suite 7000, Altamonte Springs, Florida, 32714.

3. The name and business address of the general partner are as follows:

General Partner

Wm. Michael Mikkelson
310 West Central Parkway, Suite 7000
Altamonte Springs, Florida 32714

4. A mailing address for the Partnership is 310 West Central Parkway, Suite 7000 Altamonte Springs, Florida, 32714.

5. The latest date upon which the Partnership is to dissolve is upon the occurrence of any of the following events:

- a. the voluntary agreement of the Partners to dissolve the Partnership;
- b. the withdrawal or deemed withdrawal pursuant to the Partnership Agreement of the last remaining General Partner (unless a substitute General Partner is designated in accordance with the provisions of the Partnership Agreement);
- c. the sale of all or substantially all of the Partnership assets;
- d. the occurrence of an event specified under the laws of the State of Florida as one effecting a dissolution (except as otherwise provided in the Partnership Agreement);
- e. midnight on December 31, 2077

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT -9 PM 3:09

APPROVED
AND
FILED

(((H02000210016 0)))

OCT-09-2002 11:29 FROM-

T-951 P.003/004 F-806

((H02000210016 0)))

IN WITNESS WHEREOF, the undersigned has hereunto signed the foregoing Certificate of Limited Partnership this 9 day of October, 2002, and hereby affirm under the penalties of perjury that the facts stated therein are true and correct.

GENERAL PARTNER

Wm. Michael Mikkelsen
Wm. Michael Mikkelsen

REGISTERED AGENT

Wm. Michael Mikkelsen
Wm. Michael Mikkelsen

APPROVED
AND
FILED
02 OCT -9 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H02000210016 0)))

OCT-08-2002 11:30

FROM-

T-851 P.004/004 F-906

((H02000210016 0)))

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP

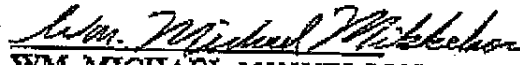
The undersigned being the sole general partner of **LIBERTY MAGUIRE, LLLP**, a Florida limited liability limited partnership, certifies:

1. That the amount of the capital contributions to date of the limited partners is \$99.00.
2. That the total amount contributed and anticipated to be contributed by the limited partners totals \$99.00.

Signed this 9 day of October, 2002.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, the undersigned declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.


WM. MICHAEL MIKKELSON
General Partner of
LIBERTY MAGUIRE, LLLP

02 OCT -9 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

{OR554820;1}

((H02000210016 0)))