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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

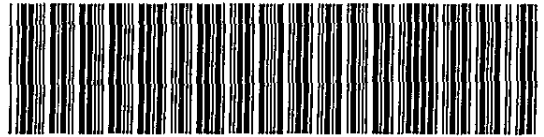
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03 JAN 17 AM 9:55

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A03-95

PULLUM & PULLUM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM
MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS
1330 W. CITIZENS BLVD.
LEESBURG, FLORIDA 34748

TELEPHONE (352) 728-3060

FAX (352) 728-0003

January 13, 2003

Corporate Records Bureau
Division of Limited Partnerships
Department of State
Post Office Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

03 JAN 17 AM 9:55

FILED

Re: MUSHMENA FAMILY LIMITED PARTNERSHIP

Gentlemen:

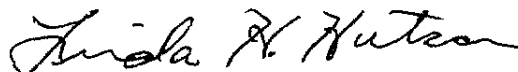
Find enclosed our firm's check in the amount of \$1,837.50 to cover the following fees of your office.

Filing Limited Partnership	\$1,750.00
(Maximum Fee)	
Certified Copy	52.50
Filing Resident Agent Form	35.00

We enclose original and one copy of Certificate of Limited Partnership of this proposed Limited Partnership, Affidavit of Capital Contributions and executed resident agent form. Please endorse your approval on the copy of the Certificate of Limited Partnership, certify same and return to us, together with acknowledgment of filing of resident agent.

Thank you for your attention to the above.

Very truly yours,



Linda H. Hutson
Legal Assistant

Enclosures
(L:\Chida\FLP8.1hh)

**CERTIFICATE OF LIMITED PARTNERSHIP
MUSHMENA FAMILY LIMITED PARTNERSHIP,
A LIMITED PARTNERSHIP**

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

1. **NAME OF LIMITED PARTNERSHIP.** The name of the Limited Partnership is **MUSHMENA FAMILY LIMITED PARTNERSHIP, a Limited Partnership.**

2. **OFFICE FOR MAINTENANCE OF BUSINESS RECORDS.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 5234 Vista Club Run, Lake Forest, Florida 32771.

3. **AGENT FOR SERVICE OF PROCESS.** The name and address of the Partnership's agent for service of process in Florida is **JAMES A. BARKS, 1120 West First Street, Suite B, Sanford, Florida 32771-1054.**

4. **GENERAL PARTNERS.** The name and business address of each General Partner in the Limited Partnership is as follows:

<u>Name</u>	<u>Address</u>
MUSHMENA MANAGEMENT, LLC	5234 Vista Club Run Lake Forest, FL 32771

L03-1252

5. **ADDRESS OF PARTNERSHIP.** The mailing address of the Limited Partnership is 5234 Vista Club Run, Lake Forest, Florida 32771.

6. **DATE OF DISSOLUTION.** — The latest date on which the Limited Partnership is to dissolve is thirty (30) years from the effective date of this Limited Partnership.

FILED
JUL 11 2007
9:55
CLERK OF DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

Dated:

Jan 8, 2003
Sanford, Florida

MUSHMENA MANAGEMENT, LLC.

BY: _____

Mubeen H. Chida

"General Partner"

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this
day of JAN, 2003, by Mubeen H. Chida, of MUSHMENA
MANAGEMENT, LLC, as General Partner. Said person did not take an
oath and (check one) _____ is personally known to me. _____
produced a driver's license (issued by a state of the United States
within the last five (5) years) as identification, or _____
produced other identification, to wit: _____

FILED
JAN 7 11 09:55
STATE OF FLORIDA
ALABAMA
FLORIDA

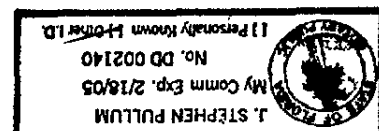
Printed Name: _____

Notary Public State of Florida

Commission Number: _____

My Commission Expires: _____

(L:\Chida\FLP1.1hh)



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of the MUSHMENA FAMILY LIMITED PARTNERSHIP, a Limited Partnership, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partners have made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
--------------------------------	-------------------------------

MUBEEN H. CHIDA and SHAHNAZ CHIDA, as Trustees of the MUBEEN H. CHIDA REVOCABLE TRUST, dated December 28, 1995	
--	--

\$ -0-

SHAHNAZ CHIDA and MUBEEN H. CHIDA, as Trustees of the SHAHNAZ CHIDA REVOCABLE TRUST, dated December 28, 1995	
--	--

\$ -0-

2. It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
--------------------------------	-------------------------------

MUBEEN H. CHIDA and SHAHNAZ CHIDA, as Trustees of the MUBEEN H. CHIDA REVOCABLE TRUST, dated December 28, 1995	
--	--

\$2,475,000.00

SHAHNAZ CHIDA and MUBEEN H. CHIDA, as Trustees of the SHAHNAZ CHIDA REVOCABLE TRUST, dated December 28, 1995	
--	--

\$2,475,000.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 17 AM 9:55

FILED

Dated: Jan 8, 2003
Sanford, Florida

MUSHMENA MANAGEMENT, LLC.

BY: [Signature]
Mubeen H. Chida

"General Partner"

NOTARY PUBLIC
TALLAHASSEE, FLORIDA

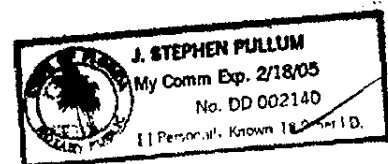
03 JAN 17 AM 9:55

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 8th
day of JAN, 2003, by Mubeen H. Chida, as
Manager of MUSHMENA MANAGEMENT, LLC., as General Partner.
Said person did not take an oath and (check one) is personally known to me, produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or produced other identification, to wit:

[Signature]
Printed Name: _____
Notary Public State of Florida
Commission Number: _____
My Commission Expires: _____

(L:\Chida\FLP4.1hh)



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.061, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST-- THAT MUSHMENA FAMILY LIMITED PARTNERSHIP, A LIMITED PARTNERSHIP DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF SANFORD, STATE OF FLORIDA, HAS NAMED JAMES A. BARKS, LOCATED AT 1120 WEST FIRST STREET, SUITE B, CITY OF SANFORD, STATE OF FLORIDA AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

03 JAN 11 09:55
FILED
CLERK OF COURT
JANUARY 11 2003
TALLAHASSEE, FLORIDA

SIGNATURE _____

(General Partner)

TITLE GP

DATE JAN. 8, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE _____

(Resident Agent)

DATE January 8, 2003