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STATE
CORPORATIONS
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BR

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: PAM

DATE: 1-27-03

REF. #: 0672.12392

CORP. NAME: Gulf Wind, LLC

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 733 FOR \$ 1793.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
GULF WINDS, LLLP**

The undersigned hereby executes and swears to 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 **GULF WINDS, LLLP**.
2. **Address of Record-Keeping Office; Agent for Service of Process.** The records to be kept pursuant to *Florida Statute* Section 620.106 shall be located at **5645 Nebraska Avenue, New Port Richey, FL 34652**, and the name of the Partnership's agent for service of process at said address is **Kenneth Misemer**.

3. **Name and Business Addresses of the General Partners.** The names and addresses of the General Partners are as follows:

NAME	ADDRESS
James Dreher	P.O. Box 102 New Port Richey, Florida 34696
Michael Ryan	P.O. Box 1119 Elfers, Florida 34680

4. **Mailing Address and Principal Place of Business for the Limited Partnership.** The mailing address for the Limited Partnership shall be located at **P.O. Box 102, New Port Richey, FL 34656**.
5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **Gulf Winds, LLP**.

DATED this 23^d day of January, 2003.

General Partners:

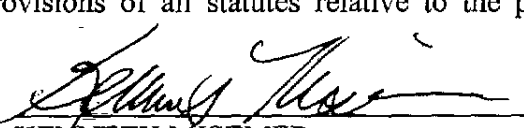

JAMES DREHER


MICHAEL RYAN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


KENNETH MISEMER

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

We, JAMES DREHER and MICHAEL RYAN, the General Partners of GULF WINDS, LLLP, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:


1. The limited partners have contributed \$117,600.00 of capital to the Partnership.
2. It is anticipated that \$1,500,000.00 of additional contributions shall be contributed by the limited partners in the future.

DATED this 22nd day of January, 2003.

FURTHER AFFIANT SAYETH NOT.

Under 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.

General Partners:



JAMES DREHER



MICHAEL RYAN

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TALLAHASSEE, FLORIDA