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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FLORIDA LIMITED PARTNERSHIP

Tricat, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,837.50

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"Notice: Statement of Qualification is immediately following."

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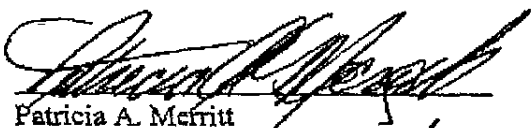
**CERTIFICATE OF LIMITED PARTNERSHIP OF
TRICAT, LLLP
a Florida limited partnership**

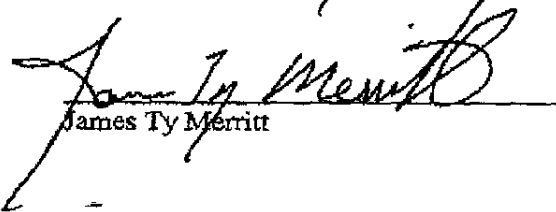
The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is Tricat, LLLP.
2. The address of the office of the Partnership is c/o Patricia A. Merritt, 149 San Marco Avenue, St. Augustine, Florida 32084.
3. The name and address of the agent for service of process on the Partnership are Patricia A. Merritt, 149 San Marco Avenue, St. Augustine, Florida 32084.
4. The name and business address of the general partners are Patricia A. Merritt and James Ty Merritt, 149 San Marco Avenue, St. Augustine, Florida 32084.
5. The mailing address of the Partnership is 149 San Marco Avenue, St. Augustine, Florida 32084.
6. The latest date upon which the Partnership shall dissolve is December 31, 2053.
7. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by its general partner.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by all general partners of Tricat, LLLP this 3rd day of Feb, 2003.


Patricia A. Merritt


James Ty Merritt

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CLERK OF THE
TALLAHASSEE
STATE OF FLORIDA

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Tricat, LLLP, a Florida limited partnership ("Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

Dated this 3rd day of February, 2003.


Patricia A. Merritt

CLERK OF STATE
TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TRICAT, LLLP

BEFORE ME, the undersigned authority, personally appeared Patricia A. Merritt and James Ty Merritt, constituting all general partners of Tricat, LLLP, a Florida limited partnership, hereinafter referred to as the "Partnership," the address for which is 149 San Marco Avenue, St. Augustine, Florida 32084, who, upon being duly sworn, certify as follows:

1. The amount of initial capital contributions to the Partnership by the limited partners is \$475,000.00.

2. The amount anticipated to be contributed by the limited partners is \$2,045,000.00.

FURTHER AFFIANTS SAITH 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.


Patricia A. Merritt

STATE OF Florida
COUNTY OF Duval

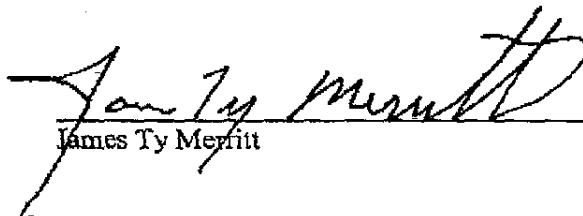
The foregoing instrument was acknowledged before me this 3rd day of Feb, 2003, by Patricia A. Merritt who is personally known to me or who has produced a driver's license as identification.



Charlene Meeks
MY COMMISSION # D0022365 EXPIRES
May 24, 2005
BONDED THROUGH FARM INSURANCE, INC.


Notary Public, State of: _____
Commission No.: _____
Commission Expires: _____

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.


James Ty Merritt

2/2/0

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ALLA SASSIE, FLORIDA

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STATE OF Florida
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 3rd day of Feb, 2003, by James Ty Merritt who is personally known to me or who has produced a driver's license as identification.

Charlene Meeks
Notary Public, State of: _____
Commission No.: _____
Commission Expires: _____



Charlene Meeks
MY COMMISSION # DD022365 EXPIRES
May 24, 2005
BONDED THRU TROY FAHN INSURANCE, INC.

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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