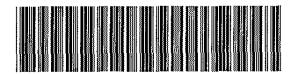
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(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

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April 1, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Hampton Family Limited Partnership

Filing Evidence Plain/Confirmation Copy Certificate of Status Certificate of Status Certificate of Good Standing Articles Only All Charter Documents to Include Articles & Amendments Articles & Amendments Fictitious Name Certificate Other NEW FILINGS Amendment Resignation of RA Officer/Director Limited Liability Change of Registered Agent Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Foreign Fictitious Name Limited Liability Reinstatement Reinstatement Reinstatement Trademark					
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2003

UCC FILING & SEARCH SERVICES

SUBJECT: HAMPTON FAMILY LIMITED PARTNERSHIP

Ref. Number: W03000009245

We have received your document for HAMPTON FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1862.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 703A00019594



CERTIFICATE OF LIMITED PARTNERSHIP OF THE LSL HAMPTON FAMILY LIMITED PARTNERSHIP

The undersigned, for the purpose of forming a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as set forth in Section 620.101, et. seq. of the Florida Statutes, do hereby certify to the following:

- 1. The name of the limited partnership is "LSL HAMPTON FAMILY LIMITED PARTNERSHIP".
- 2. The address of the office of the limited partnership required to be maintained by Section 620.105(1), Florida Statutes, is as follows:

3125 Thornhill Rd. Winter Haven, FL 33880

3. The name and street address of the registered agent, for service of process on the limited partnership, required to be maintained by Section 620.105(2), Florida Statutes, are as follows:

Lynn Hampton 3125 Thornhill Rd. Winter Haven, FL 33880

4. The name and business address of the general partners are:

Lynn Hampton 3125 Thornhill Rd. Winter Haven, FL 33880 Leigh Hampton 3125 Thornhill Rd. Winter Haven, FL 33880

5. The mailing address for the limited partnership is as follows:

3125 Thornhill Rd. Winter Haven, FL 33880

- 6. The latest date upon which the limited partnership is to dissolve is December 31, 2028.
- 7. An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners, as required by Section 620.108, Florida Statutes, is attached to this certificate.

- 1 -

IN WITNESS WHEREOF, the undersigned has executed this certificate as of the 3/57 day of 72006, 2003.

Signed, sealed and delivered in the presence of:

Frinted Name: Keith H. Wadswerth

Printed Name: May Asserts

Printed Name: Keith H. Wad sworth

Printed Name: magne trace 5000000

GENERAL PARTNERS:

LYNN HAMPTON

LEIGH HAMPTON

ACCEPTANCE OF REGISTERED AGENT FOR THE LSL HAMPTON FAMILY ___LIMITED PARTNERSHIP

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

Dated: Ylarch 31, 2003

LYNN HAMPTON

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR THE LSL HAMPTON FAMILY LIMITED PARTNERSHIP

The undersigned affiants, LYNN HAMPTON and LEIGH HAMPTON, as general partners of the LSL HAMPTON FAMILY LIMITED PARTNERSHIP _____ whose address is 3125 Thornhill Rd., Winter Haven, FL 33880 after each being first duly sworn, says upon oath:

- 1. Affiants are the general partners of the LSL HAMPTON FAMILY LIMITED **PARTNERSHIP**, a Florida limited partnership.
- 2. The total amount of the capital contributions of the limited partners and the amount of capital anticipated to be contributed by all of the limited partners of the partnership is \$4,750,000.00. The capital contributed to the partnership may be either cash or property, real or personal, tangible or intangible.
- 3. This affidavit is given for the purpose of complying with the provisions of Section 620.108 of the Florida Statutes.

FURTHER, AFFIANTS DO NOT SAY.

Printed Name: Weith H. Wadsworth

Printed Name: PLARY HOBERTS

Printed Name: Weith W. Landsworth

Printed Name: MALY PROBLETS

LYNN HAMPTON

LEIGH HAMPTO

COUNTY OF POLK

STATE OF FLORIDA

I HEREBY CERTIFY that on the 3/51 day of pacet, 2003, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared LYNN HAMPTON, as general partner of the SL HAMPTON FAMILY LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by, LYNN HAMPTON, as general partner of the LSL HAMPTON FAMILY LIMITED PARTNERSHIP on behalf of the partnership. She is personally known to me or has produced a drivers license as identification.



Printed Name:

Notary Public MARY KAY FORESTS

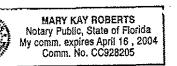
My Commission Expires: 04/16/000

STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY that on the <u>AGET</u> day of <u>Places</u>, 2003, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared LEIGH HAMPTON, as general partner of the LSL HAMPTON FAMILY LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by, LEIGH HAMPTON, as general partner of the LSL HAMPTON FAMILY LIMITED PARTNERSHIP on behalf of the partnership. She is personally known to me or has produced a drivers license as identification.

(SEAL)



Printed Name: May 150 Posters Notary Public My Commission Expires: 04/16/5000 PROFEST OF THE PRO