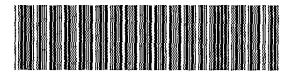
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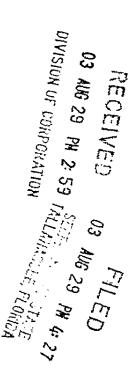
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File____

L.C. File____

Merger File___

LTD Partnership File_____ Foreign Corp. File_____

Fictitious Name File_____ Trade/Service Mark_____

Art. of Amend. File_____

RA Resignation_____

1e 2nd

We "			 Dissolution / Withdrawal
Ar.			 Annual Report / Reinstatement
			 Cert. Copy
			 Photo Copy
			 Certificate of Good Standing
			 Certificate of Status
			 Certificate of Fictitious Name
			 Corp Record Search
			 Officer Search
			 Fictitious Search
Signature		 Fictitious Owner Search	
2.5			 Vehicle Search
		· — — —	 Driving Record
Requested by:			 UCC 1 or 3 File
Name	Date Time	Time	 UCC 11 Search
		Inne	 UCC 11 Retrieval
Walk-In	Will Pick Up		 Courier



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 2, 2003

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: FINANCIAL SERVICES OF FLORIDA, LLLP
Ref. Number: W03000024842

We have received your document for FINANCIAL SERVICES OF FLORIDA, LLLP and your check(s) totaling \$1785.00. However, the enclosed document has

Please note that we have RETAINED your \$1,785.00 payment.

not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 003A00048898

CERTIFICATE OF LIMITED PARTNERSHIP

SHORE LINE FINANCIAL, LLLP

LIMITED PARTNERSHIP a Florida Limited Partnership

1. Name of Limited Partnership. The name under which the Partnership is to be conducted is:

SHORE LINE FINANCIAL, LLLP

2. <u>Business Address of Limited Partnership.</u> The business address of the Limited Partnership is:

8701 Merrimore Boulevard East Largo, Florida 33777

3. Name of Registered Agent. The name and address in Florida of the Registered Agent is:

Robert E. Childress 8701 Merrimore Boulevard East Largo, Florida 33777

4. <u>Mailing Address of Limited Partnership.</u> The mailing address of the Limited Partnership is:

8701 Merrimore Boulevard East Largo, Florida 33777

5. <u>Dissolution Date.</u> The latest date upon which the Limited Partnership is to be dissolved is:

December 31, 2099

6. General Partners. The name and address of each General Partner is:

THE SOVEREIGN GROUP, LLC A Florida Corporation
Number: 103000032783

7. . Other Matters. Any other matters the Partners determine to include therein.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28 day of Augus T , 2003

By: Robert E. Childress, Manager

For: THE SOVEREIGN GROUP, LLC

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the General Partners of SHORE LINE FINANCIAL, LLLP, Florida Limited Partnership, certifies:

The amount of capital contributions to date of the partners is \$ Ø

The total amount contributed and anticipated to be contributed by the Partners at this time totals up to fifty million (\$50,000,000.00) dollars.

Signed this 28 day of August 2003.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

By: Robert E. Childress, Manager

For: THE SOVEREIGN GROUP, LLC

General Partner