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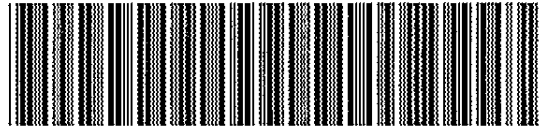
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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]

GOLDBERG & OLIVE
ATTORNEYS AT LAW

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POST OFFICE BOX 12458
TALLAHASSEE, FLORIDA 32317

STUART E. GOLDBERG*

*Florida Bar Certified Wills, Trusts & Estates

PHONE: (850) 222-4000
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December 23, 2003

CAROLYN D. OLIVE*

*Florida Bar Certified Tax Law

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

FILED
03 DEC 24
11:23
By Hand Delivery
STATE
TALLAHASSEE
FLORIDA

Re: The Fen. L.L.L.P.

Dear Madam/Sir:

UP-1785

Enclosed for filing are an original and one copy each of the following documents:

1. Statement of Qualification for Florida Limited Liability Limited Partnership;
2. Certificate of Limited Partnership;
3. Affidavit of Capital Contributions; and
4. Certificate of Designation of Registered Agent/Registered Office.

Also enclosed is a check in the amount of \$1,810.00 for the following fees:

Limited Partnership filing fee	\$ 1,750.00
LLLP Statement of Qualification fee	25.00
Registered Agent fee	35.00
Total	\$ 1,810.00

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03 DEC 24 AM 10:01
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA
STATE

~~Please return our document copies in the enclosed return envelope.~~

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to call me.

Sincerely,

Carolyn D. Olive
Carolyn D. Olive

CDO/ldv
Enclosures

F:\Olive\WILLIAMS.LM\LLLP\SOS.Ltr

Will pick up Monday
morning

Certificate of Limited Partnership of

THE FEN, L.L.L.P.

a Florida Limited Liability Limited Partnership

The undersigned General Partners, desiring to form a limited liability limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Chapter 620, Part I, of the Florida Statutes, hereby state the following:

1. The name of the Partnership is:

THE FEN, L.L.L.P. (herein, the "Partnership").

2. The mailing address and principal place of business of the Partnership are:

4781 Williams Road
Tallahassee, Florida 32311

3. The name and address of the agent for service of process on the Partnership are:

Linda M. Williams
4781 Williams Road
Tallahassee, Florida 32311

4. The name and business address of the General Partners are:

John L. Williams
4781 Williams Road
Tallahassee, Florida 32311

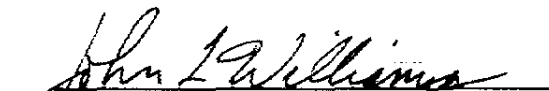
Linda M. Williams
4781 Williams Road
Tallahassee, Florida 32311

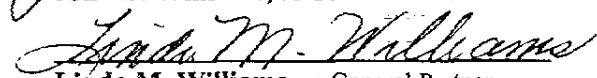
5. The latest date upon which the Partnership shall dissolve is December 31, 2080.

6. The effective date of this Certificate of Limited Partnership shall be upon filing.

The execution of this Certificate by the undersigned General Partners 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 the General Partners of **THE FEN, L.L.L.P.** on this 23rd day of December, 2003.


John L. Williams, as General Partner


Linda M. Williams, as General Partner

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE FEN, L.L.L.P., a Florida limited liability limited partnership (the "Partnership"), whose address is 4781 Williams Road, Tallahassee, Florida 32311, by and through its undersigned General Partners, certifies as follows:

1. The amount of initial capital contributions to the Partnership made by the initial Limited Partners is \$ 2,000.00.
2. Additional capital contributions are anticipated to be contributed by the Limited Partners to the Partnership in the amount of \$ 998,000.00.
3. The total amount of initial and anticipated capital contributions to be contributed to the Partnership is \$ 1,000,000.00.

FURTHER AFFIANT SAITH NOT.

Under penalties of perjury, we declare that we have read the foregoing and the facts alleged are true, to the best of our knowledge and belief.

John L. Williams
John L. Williams, as General Partner

Linda M. Williams
Linda M. Williams, as General Partner

STATE OF FLORIDA
COUNTY OF LEON

The foregoing Affidavit was sworn to and subscribed before me this 23rd day of December, 2003, by **John L. Williams** [☒] who is personally known to me; or (☐) who has produced _____ as identification], as General Partner, and by **Linda M. Williams** [☒] who is personally known to me; or (☐) who has produced _____ as identification], as General Partner.

Carolyn D. Olive
Signature of Notary Public

Notary Stamp/Seal:

F:\Olive\WILLIAMS.LM\LLP\CERTIF.LTD



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTIONS 620.105 AND 620.192, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability limited partnership is:

THE FEN, L.L.L.P.

2. The name and address of the registered agent and the address of the registered office are:

Linda M. Williams
4781 Williams Road
Tallahassee, Florida 32311


John L. Williams, as General Partner


Linda M. Williams, as General Partner

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above-stated limited partnership at the place designated in this certificate, 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 am familiar with and accept the obligations of my position as registered agent.

Dated this 23rd day of December, 2003. _____


Linda M. Williams
Registered Agent