

Certificate of Limited Partnership

A04000000011

FILED

January 02, 2004

Sec. Of State

Name of Limited Partnership:

MICHAEL T. TONKIN FINANCIAL LTD.

Business Address of Limited Partnership:

6202 BAYSIDE KEY DR.
TAMPA, FL. US 33615

Mailing Address of Limited Partnership:

6202 BAYSIDE KEY DR.
TAMPA, FL. US 33615

The name and Florida street address of the registered agent is:

MICHAEL T TONKIN
6202 BAYSIDE KEY DR.
TAMPA, FL. 33615

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MICHAEL T. TONKIN

The latest date upon which the Limited Partnership is to be dissolved is:

1/1/2099

The name and address of all general partners are:

Title: G
MICHAEL T TONKIN
6202 BAYSIDE KEY DR.
TAMPA, FL. 33615

Title: G
WILLIAM M OLIVIERI
P.O. BOX 812275
BOCA RATON, FL. 33481 US

**Affidavit of Capital Contributions
For Florida Limited Partnership**

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The undersigned constituting all of the general partners of:
MICHAEL T. TONKIN FINANCIAL LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
0.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
0.00

Signed this Second day of January, 2004

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

General Partner Signature: MICHAEL T TONKIN

General Partner Signature: WILLIAM M. OLIVIERI