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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

FLORIDA LIMITED PARTNERSHIP
SKELLY FAMILY PARTNERSHIP, LTD.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$1,837.50 |

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3/19/04 Jm

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
SKELLY FAMILY PARTNERSHIP, LTD.**

As a Certificate of Limited Partnership pursuant to F.S. § 620.108, the undersigned certifies:

1. The name of this limited partnership is **SKELLY FAMILY PARTNERSHIP, LTD.**

2. The address of the principal office and the name and address of the agent for service of process are:

Principal Office Address:

218 Royal Palm Way
Palm Beach, FL 33480

Registered Agent's Name and Address:

CYPRESS TRUST COMPANY
218 Royal Palm Way
Palm Beach, FL 33480

The names and addresses of the General Partners are:

SKELLYCORP MANAGEMENT, INC. *PO4-49322*
218 Royal Palm Way
Palm Beach, FL 33480

3. The mailing address for the limited partnership is:

218 Royal Palm Way
Palm Beach, FL 33480

4. If not dissolved sooner by unanimous vote of the General Partner, this limited partnership shall dissolve December 31, 2053.

WHEREFORE, the undersigned has executed this Certificate as General Partner of the SKELLY FAMILY PARTNERSHIP, LTD. as of the date set forth below.

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GENERAL PARTNER

SKELLYCORP MANAGEMENT, INC.

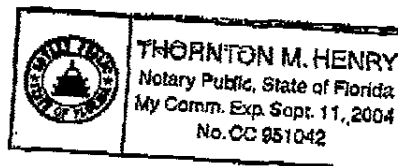
Tami C. Skelly
TAMI C. SKELLY, President

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of SKELLYCORP MANAGEMENT, INC., by TAMI C. SKELLY, its president, on the 18 day of March, 2004, who personally appeared before me. TAMI C. SKELLY is personally known to me or has produced _____ as identification.

(SEAL)

Thornton M. Henry
Notary Public
My Commission Expires: _____
My Commission number is: _____



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**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That SKELLY FAMILY PARTNERSHIP, LTD. desiring to organize under the laws of the State of Florida, has named CYPRESS TRUST COMPANY located at the Registered Office of the corporation at 218 Royal Palm Way, Palm Beach, FL 33480, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Registered Agent:

CYPRESS TRUST COMPANY,


By J. B. GARBER, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all the general partners of SKELLY FAMILY PARTNERSHIP, LTD., a Florida limited partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$ 5,000,000.00.

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.

SKELLYCORP MANAGEMENT, INC.

Tami C. Skelly
TAMI C. SKELLY, President

STATE OF FLORIDA
COUNTY OF PALM BEACH

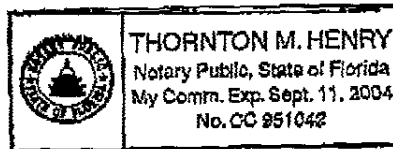
Subscribed and sworn to before me on behalf of SKELLYCORP MANAGEMENT, INC., by TAMI C. SKELLY, its president, on the 18 day of March, 2004, who personally appeared before me. TAMI C. SKELLY is personally known to me or has produced _____ as identification.

(SEAL)

Thornton M. Henry

Notary Public
My Commission Expires: _____
My Commission number is: _____

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