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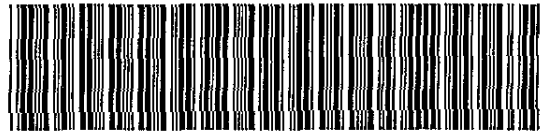
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W04-7941



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02/16/04--01009--017 **87.50

FILED
04 MAR 26 AM 11:15
TALLAHASSEE, FLORIDA

WILLIAM T. PRESTON, P.A.

ATTORNEY AT LAW

ADMITTED TO PRACTICE IN VIRGINIA AND FLORIDA

February 10, 2004

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: **McMullen Family Limited Partnership, Ltd.**

Dear Sir or Madam:

Please find enclosed the original and one copy of the Affidavit of Capital Contributions for a Florida Limited Partnership and a Certificate of Family Limited Partnership for filing.

I am enclosing check #1497 in the amount of \$87.50 which represents the filing fees and Registered Agent Designation.

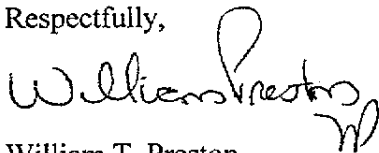
Please file the enclosed documents and return the Registered Agent Designation.

The contact person, as well as the person to whom the acknowledgement should be addressed to is William T. Preston, 143 Canal Street, New Smyrna Beach, Florida 32168, 386-424-9200

Thank you for your assistance in this regard.

With kind regards.

Respectfully,



William T. Preston

WTP/lb
Enclosure-3



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 25, 2004

WILLIAM T. PRESTON, P.A.
143 CANAL STREET
NEW SMYRNA BEACH, FL 32168

SUBJECT: MCMULLEN FAMILY LIMITED PARTNERSHIP, LTD
Ref. Number: W04000007941

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MCMULLEN FAMILY LIMITED PARTNERSHIP, LTD and your check(s) totaling \$87.50. 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 804A00012726

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
JAMES AND BERTHA MCMULLEN FAMILY LIMITED PARTNERSHIP, Ltd.
A Florida Limited Partnership**

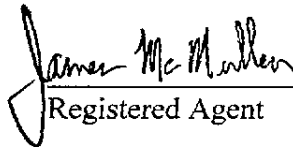
1. The name of the Limited Partnership is JAMES AND BERTHA MCMULLEN FAMILY LIMITED PARTNERSHIP, Ltd.

2. The address of the office of the Limited Partnership is
2584 Sunset Drive
New Smyrna Beach, Florida 32168.

3. The name and address of the agent for service of process on the Limited Partnership is
James McMullen
2584 Sunset Drive
New Smyrna Beach, Florida 32168.

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MAR 26 AM 11:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

4. Signature of Registered Agent: (to accept designation as Registered Agent)



Registered Agent

5. The mailing address of the Limited Partnership is
2584 Sunset Drive
New Smyrna Beach, Florida 32168.

6. The latest date on which the Limited Partnership shall dissolve is February 9, 2094.

7. Names of general partners:

Street Addresses:

James McMullen

2584 Sunset Drive, New Smyrna Beach, FL
32168

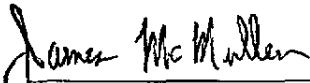
Bertha McMullen

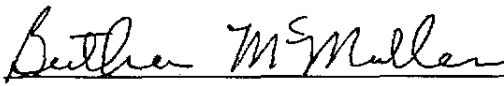
2584 Sunset Drive, New Smyrna Beach, FL
32168

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

Signed on March 18, 2004.

Signatures of all general partners:


James McMullen


Bertha McMullen

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04 MAR 26 AM 11:16
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR
FLORIDA LIMITED PARTNERSHIP**

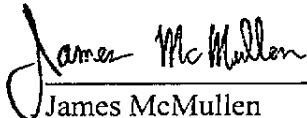
The undersigned, constituting all of the general partners of JAMES AND BERTHA MCMULLEN FAMILY LIMITED PARTNERSHIP, Ltd., a Florida Limited Partnership, certify:


1. The amount of the capital contributions to date of the limited partners is \$30.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$30.00.

Signed on March ____, 2004.

FURTHER AFFIANT SAYETH NOT.

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

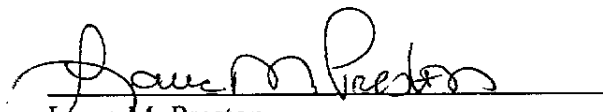

James McMullen


Bertha McMullen

STATE OF FLORIDA
COUNTY OF Volusia

Sworn to and subscribed before me on March 18, 2004, by James McMullen and Bertha McMullen, who __ are personally known to me OR __ produced identification.

Type of identification produced: _____


Laura M. Preston
Notary Public - State of Florida

(Seal)



Laura M Preston
My Commission DD134921
Expires August 05, 2006

FILED
04 MAR 26 AM 11:16
CLERK OF CIRCUIT COURT
ALLAHASSEE, FLORIDA