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TALLAHASSEE, FLORIDA

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May 28, 2004

FILED
04 MAY 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Tallahassee, FL 32301

RE: Timm Family Partners, LLLP

Dear Sir or Madame:

Please accept for filing the enclosed Certificate of Limited Partnership for the above limited liability limited partnership. Also enclosed is our check in payment of the filing and designation of resident agent fee, plus the cost of one (1) certified copy. Please contact me at the number set forth above if you have any questions in regard to this matter.

Sincerely yours,

Cathi C. Wilkinson

CCW/ml

Enclosure

FILED
04 MAY 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
TIMM FAMILY PARTNERS, L.L.L.P.

This Certificate of Limited Partnership is submitted in compliance with Section 620.108, Florida Statutes (2003).

1. The name of the limited partnership is TIMM FAMILY PARTNERS, L.L.L.P.

2. The mailing address of the limited liability limited partnership is as follows:

   c/o Bruce B. Timm
   2526 Killarney Way
   Tallahassee, FL 32309

3. The address of the office and the name and address of the agent for service of process is as follows:

   c/o Bruce B. Timm
   2526 Killarney Way
   Tallahassee, FL 32309

4. The name and the business address of the general partners of the limited partnership are as follows:

   Bruce B. Timm
   2526 Killarney Way
   Tallahassee, FL 32309

   Jan Beth Timm
   2526 Killarney Way
   Tallahassee, FL 32309

5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2053.

6. The total amount contributed and anticipated to be contributed by the limited partners at this time totals $12,000,000.00.

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed this 28 day of May, 2004.

BRUCE B. TIMM
General Partner

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 28 day of May, 2004, by BRUCE B. TIMM, who is personally known to me.

NOTARY PUBLIC, STATE OF FLORIDA

Jason D. Junkin
Commission # DD313256
Expires April 25, 2008
Bonded Troy Fain - Insurance, Inc. 800-385-7019

Jason D Junkin
Print, Type or Stamp Name of Notary

G:\MARSHA\CORPORAT\timm.certificate of ltd. partnership.wpd

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 620.105, Florida Statutes, the undersigned limited partnership submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Partnership is: Timm Family Partners, L.L.L.P.

2. The name and the Florida street address of the registered agent and office are: Bruce B. Timm, 2526 Killarney Way, Tallahassee, FL 32309.

TIMM FAMILY PARTNERS, L.L.L.P.

By: _____
BRUCE B. TIMM, MANAGING
GENERAL PARTNER

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY 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 AS PROVIDED FOR IN CHAPTER 608, F.S.

SIGNATURE: _____
BRUCE B. TIMM

DATE: 5/24/04

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