

A040000001199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

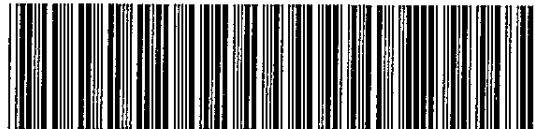
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07/21/04--01016--023 **390.25

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04 JUL 21 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 JUL 21 AM 11:18

STATE
DIVISION OF
TALLAHASSEE, FLORIDA

[Handwritten signature]

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 07-21-04

REF. #: 0672.28303

CORP. NAME: MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 20380 FOR \$ 390.25.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

04 JUL 21 PM 1:03
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF LIMITED PARTNERSHIP OF
MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida:

1. Name of Partnership. The name of the Partnership shall be **MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP** (the "Partnership").

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to *Florida Statutes* Section 620.106 shall be located at 2609 North Dundee Street, Tampa, Florida 33629, and the name of the Partnership's agent for service of process at said address is **JANET D. ELY**.

3. Name and Address of the General Partner. The name and address of the sole General Partner are as follows:

Name

Address

Janet D. Ely

2609 North Dundee Street
Tampa, Florida 33629

4. Mailing Address for the Limited Partnership. The mailing address for the Partnership shall be 5403 Crescent Drive, Tampa, Florida 33611.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP**.

DATED this 19th day of July, 2004.

GENERAL PARTNER:

Janet D. Ely
JANET D. ELY

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, 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.

DATED: July 19, 2004 Janet D. Ely
JANET D. ELY

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP**

The undersigned, being the sole General Partner of **MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership"), who, upon being sworn, certifies as follows:

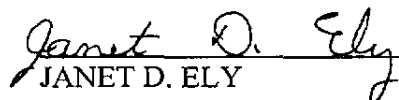
1. The limited partner has contributed \$49,500.00 of capital to the Partnership.
2. It is not anticipated that the limited partner will make additional contributions in the future.

DATED this 19th day of July, 2004.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that she has read the foregoing and that the facts alleged are true, to the best of her knowledge and belief.

GENERAL PARTNER:

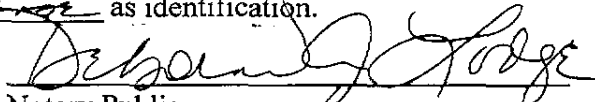

JANET D. ELY

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 19th day of July, 2004, by JANET D. ELY, the General Partner of the Partnership, who is personally known to me or who produced FL Driver's License as identification.



Deborah A. Lodge
MY COMMISSION # DD083653 EXPIRES
March 1, 2006
BONDED THRU TROY FAIR INSURANCE, INC.


Notary Public
Print Name: _____
Commission No: _____
My Commission Expires: _____