

A04000001500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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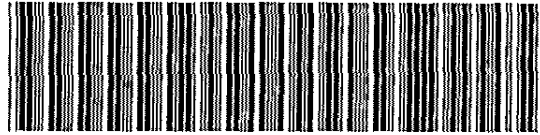
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A04-1500  
OK



# TROPICAL VILLAGE, INC.

4700 MILLENIA BOULEVARD • SUITE 340 • ORLANDO, FL 32839  
(407) 354-0004 • FAX (407) 354-1112 • TOLL FREE 1 (877) 542-6251

PATRICK B. KIRKLAND  
PRESIDENT

July 28, 2004

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: The Patrick Boyd Kirkland Family Limited Partnership

To Whom It May Concern:

This is the cover letter being attached to the limited partnership filing as per your instructions. The address to be used is Patrick B. Kirkland, 4700 Millenia Blvd., Suite 340, Orlando, FL 32839.

If you have any questions on this authorization you can call me at 407 354-0004 extension 105. Thank you

Sincerely,

Patrick B. Kirkland,

PBK/sd

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## CERTIFICATE OF LIMITED PARTNERSHIP

1. Patrick Boyd Kirkland Family Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4700 Millenia Blvd., Suite 340, Orlando, FL 32839  
(Business address of Limited Partnership)
3. Patrick Boyd Kirkland  
(Name of Registered Agent for Service of Process)
4. 4700 Millenia Blvd., Suite 340, Orlando, FL 32839  
(Florida street address for Registered Agent)
5. See below  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 4700 Millenia Blvd., Suite 340, Orlando, FL 32839  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2999
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

Patrick Boyd Kirkland

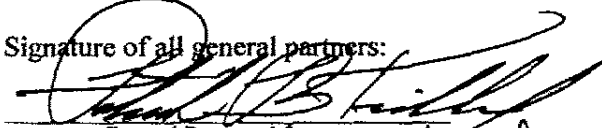
4700 Millenia Blvd., Ste 340

Orlando, FL 32839

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

Signed this 28 day of July, 2004

Signature of all general partners:

  
General Partner *Registered Agent*

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

*The undersigned constituting all of the general partners of* \_\_\_\_\_  
*Patrick Boyd Kirkland Family Limited Partnership* \_\_\_\_\_,

*a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$ 30,000 .

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 30,000 .

Signed this 28 day of July , 2004 .

FURTHER AFFIANT SAYETH NOT.

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

  
\_\_\_\_\_

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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