

# **Certificate of Limited Partnership**

**A04000001513**  
**FILED**  
**September 23, 2004**  
**Sec. Of State**  
tcline

Name of Limited Partnership:

MONTECITO ENCLAVE LIMITED PARTNERSHIP

Business Address of Limited Partnership:

333 FIRST STREET NORTH  
SUITE 310  
JACKSONVILLE, FL. 32250

Mailing Address of Limited Partnership:

333 FIRST STREET NORTH  
SUITE 310  
JACKSONVILLE, FL. 32250

The name and Florida street address of the registered agent is:

DOUGLAS R MAXWELL  
4309 PABLO OAKS COURT  
SUITE FIVE  
JACKSONVILLE, FL. 32224

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: DOUGLAS R. MAXWELL

The latest date upon which the Limited Partnership is to be dissolved is:

DECEMBER 31, 2044

The name and address of all general partners are:

Title: G  
MONTECITO ENCLAVE, INC.  
333 FIRST STREET NORTH, SUITE 310  
JACKSONVILLE BEACH, FL. 32250

The effective date for this Limited Partnership shall be:

09/23/2004

# **Affidavit of Capital Contributions For Florida Limited Partnership**

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The undersigned constituting all of the general partners of:  
MONTECITO ENCLAVE LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:

1.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:

9,000,000.00

Signed this Twenty Third day of September, 2004

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

General Partner Signature: DOUGLAS R. MAXWELL, VICE PRESIDENT