

## **Certificate of Limited Partnership**

**A04000001613**  
**FILED**  
**October 13, 2004**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

CAREGIVERS OF NICEVILLE LTD.

Business Address of Limited Partnership:

2 PORTOFINO DRIVE  
SUITE 1704  
PENSACOLA BEACH, FL. 32561

Mailing Address of Limited Partnership:

2 PORTOFINO DRIVE  
SUITE 1704  
PENSACOLA BEACH, FL. 32561

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

GENE CHURCH  
2 PORTOFINO DRIVE  
SUITE 1704  
PENSACOLA BEACH, FL. 32561

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

Registered Agent Signature: GENE CHURCH

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

DECEMBER 31, 2104

The name and address of all general partners are:

Title: G  
SOUTHERN ACORN, INC.  
2 PORTOFINO DRIVE SUITE 1704  
PENSACOLA BEACH, FL. 32561 US

The effective date for this Limited Partnership shall be:

10/13/2004



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

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The undersigned constituting all of the general partners of:  
CAREGIVERS OF NICEVILLE LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:  
1,000.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:  
10,000.00

Signed this Thirteenth day of October, 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: GENE CHURCH