

# **Certificate of Limited Partnership**

**A04000001823**  
**FILED**  
**November 19, 2004**  
**Sec. Of State**  
**btadlock**

Name of Limited Partnership:

P.O.M. OF CENTRAL FLORIDA, LTD

Business Address of Limited Partnership:

18490 EAST COLONIAL DRIVE  
ORLANDO, FL. 32820

Mailing Address of Limited Partnership:

18490 EAST COLONIAL DRIVE  
ORLANDO, FL. 32820

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

CAROLE J PECE  
18490 EAST COLONIAL DRIVE  
ORLANDO, FL. 32820

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

Registered Agent Signature: CAROLE PECE

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

11/18/2054

The name and address of all general partners are:

Title: G  
CAROLE J PECE TRUSTEE  
18490 EAST COLONIAL DRIVE  
ORLANDO, FL. 32820

Title: G  
GUSTIVE PECE  
18490 EAST COLONIAL DRIVE  
ORLANDO, FL. 32820

The effective date for this Limited Partnership shall be:

11/19/2004

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

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The undersigned constituting all of the general partners of:  
P.O.M. OF CENTRAL FLORIDA, LTD

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:  
0.00

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

Signed this Nineteenth day of November, 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: CAROLE PECE

General Partner Signature: GUSTIVE PECE