

12/01/2004 12:57 FAX 320599

Division of Corporations

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Florida Department of State
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(((H04000237403 3)))

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FLORIDA LIMITED PARTNERSHIP

Runnels Family Partnership, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	04
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04 DEC - 1 PM 2:16
DIVISION OF CORPORATION

FILED
04 DEC - 1 AM 30
TALLAHASSEE FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP OF
RUNNELS FAMILY PARTNERSHIP, LTD.**

The undersigned, pursuant to the provisions of Chapter 620, Florida Statutes, files the following Certificate of Limited Partnership evidencing the formation of that limited partnership known as RUNNELS FAMILY PARTNERSHIP, LTD. under that partnership agreement executed of date even herewith.

I. NAME AND PRINCIPAL OFFICE

The partnership shall be conducted under the name of RUNNELS FAMILY PARTNERSHIP, LTD. The principal office and mailing address of the limited partnership shall be 4393 Commons Drive East, Destin, Florida 32541.

II. REGISTERED OFFICE, REGISTERED AGENT

The address of the initial registered office of this partnership in the State of Florida shall be 4399 Commons Drive East, Suite 300, Destin, Florida 32541, and the name of the registered agent of this partnership at that address is Davage J. Runnels, III.

III. NAME AND ADDRESS OF GENERAL PARTNER

(1) General Partner. The name and address of the general partner of this partnership are:

RUNNELS 300, LLC
4393 Commons Drive East
Destin, FL 32541

V. TERM OF LIMITED PARTNERSHIP

The term for which the partnership is to exist begins upon the date this Certificate of Limited Partnership is filed with the Secretary of State of the State of Florida, and shall continue until December 31, 2050, unless sooner terminated by law, the filing of a Certificate of Cancellation or under the provisions of the Agreement of Limited Partnership.

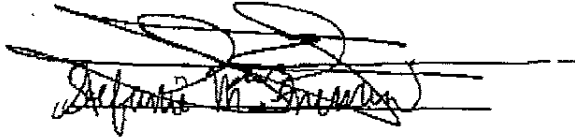
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FILED
04 DEC 1 AM 8:30
CLERK OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the General Partner hereto has executed this Certificate of Limited Partnership on the date hereinafter set forth.

WITNESS:

GENERAL PARTNER:
RUNNELS 300, LLC



By: 
DAVAGE J. RUNNELS, JR.
Managing Member

Date: 3rd day of NOVEMBER, 2004

FILED
04 DEC -1 AM 8:30
TALLAHASSEE, FLORIDA

12/01/2004 12:58 FAX 4322599

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for RUNNELS FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:



DAVAGE J. RUNNELS, III

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04 DEC -1 AM 8:30
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

COUNTY OF OKALOOSA

BEFORE ME, the undersigned, Davage J. Runnels, Jr., in his capacity as Managing Member of RUNNELS 300, LLC, a Florida Limited Liability Company and General Partner of RUNNELS FAMILY PARTNERSHIP, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being duly sworn, certified as follows:

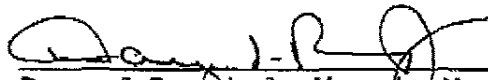
1. The total amount of capital contributions to the Partnership made by the limited partners is \$ 1,000.00.

2. The amount of additional capital contributions anticipated to be contributed by each limited partner are as follows:

NO ADDITIONAL CAPITAL CONTRIBUTIONS ANTICIPATED AT THIS TIME.

FURTHER AFFIANT SAYETH NOT.

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



Davage J. Runnels, Jr., Managing Member of
RUNNELS 300, LLC, a Florida limited liability com-
pany,
General Partner

Date: 5 NOVEMBER, 2004

SWORN TO AND SUBSCRIBED BEFORE ME this 3rd day of NOVEMBER, 2004, by
Davage J. Runnels, Jr., Managing Member of RUNNELS 300, LLC, a Florida limited liability
company and General Partner of Runnels Family Partnership, Ltd., a Florida limited partnership,
who (✓) is personally known to me, or () has produced _____

_____ as identification.




[Signature of Notary Public]

(Print, Type, or Stamp Name of Notary Public)

[NOTARIAL SEAL]

Commission Number: _____

My Commission Expires: _____