

## **Certificate of Limited Partnership**

**A04000002081**

**FILED**

**December 29, 2004**

**Sec. Of State**

**gharvey**

Name of Limited Partnership:

SHELBURNE LIMITED FAMILY PARTNERSHIP ONE

Business Address of Limited Partnership:

8001 ST. ANDREWS CT.  
ORLANDO, FL. 32835

Mailing Address of Limited Partnership:

8001 ST. ANDREWS CT.  
ORLANDO, FL. 32835

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

ALTARES MANAGEMENT CORPORATION  
8001 ST. ANDREWS CT.  
ORLANDO, FL. 32835

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

Registered Agent Signature: EARL SHELBURNE, AS PRESIDENT

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

2024

The name and address of all general partners are:

Title: G  
ALTARES MANAGEMENT CORPORATION  
8001 ST. ANDREWS CT.  
ORLANDO, FL. 32835

The effective date for this Limited Partnership shall be:

12/30/2004

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

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gharvey

The undersigned constituting all of the general partners of:  
SHELBURNE LIMITED FAMILY PARTNERSHIP ONE

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:  
100.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:  
100.00

Signed this Twenty Ninth day of December, 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: EARL SHELBURNE, AS PRES. & OP. MGR.