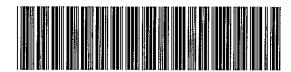
A0500000578

	(Reques	tor's Name)	
	(Address	5)	
	(Address	5)	
	(City/Sta	te/Zip/Phone	<i>⇒ #</i>)
PICK-U	P [WAIT	MAIL
	(Busines	s Entity Nar	ne)
	(D==+	N	
	(Docume	ent Number)	
Certified Copies		Certificates	of Status
Special Instructions	s to Filing	Officer:	
^M am e		1	
r allah ility			
ocum ent			
Cominer	DUC		
n mer	ال ا	ice Use On	ıy
er er Sur	DCC		
ac alo edgement	DCC		
W P Verifyer	DCC		



400047713134

03/22/05--01031--018 **1785.00



TC 950,000.00

SWAINE, HARRIS & SHEEHAN, P.A.

ATTORNEYS AT LAW

BERT J. HARRIS, III J. MICHAEL SWAINE J. TIMOTHY SHEEHAN KIMBERLY L. SAPP ROBERT S. SWAINE

PLEASE REPLY TO. LAKE PLACID SEBRING

March 18, 2005

425 SOUTH COMMERCE AVENUE SEBRING, FL 33870-3702 (863) 385-1549 FAX: (863) 471-0008

401 DAL HALL BLVD. LAKE PLACID, FL 33852-6561 (863) 465-2811 FAX: (863) 465-6999

FOR E-MAIL GO TO www.heartlandlaw.com

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

Re:

JPJ Family Limited Partnership

Gentlemen:

Enclosed are an original and one copy of the Certificate of Limited Partnership, Affidavit of Capital Contributions for Florida Limited Partnership and Acceptance by Registered Agent. Please file the original of these documents and return a copy of each to us with the file stamp and Document Number.

Also enclosed is a check in the amount of \$1,785.00 payable to the Secretary of State for your maximum filing fee and registered agent fee.

If you have any questions, please contact me.

Sincerely yours,

J. Michael Swaine

J. Michael Swaine signed in MR. SWAINES ABSENCE TO AVOID DELAY IN MAILING

JMS:tw Enc.

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

- 1. The name of the Limited Partnership is JPJ Family Limited Partnership.
- 2. The address of the office and name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Jeffery W. Jackson 1030 Trask Lane Bartow, FL 33830

3. The name and address of the General Partner is:

JPJ, L.L.C. 1030 Trask Lane Lo5 - 288 COB Bartow, FL 33830

4. The mailing address for the Limited Partnership is:

JPJ Family Limited Partnership 1030 Trask Lane Bartow, FL 33830

5. The latest date upon which the Limited Partnership is to dissolve is December 31,

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct, this 2 day of March, 2005.

JPJ, L.L.C., a Florida limited liability company

By: Jeffer W. Jackson, Managing Member

STATE OF FLORIDA COUNTY OF HIGHLANDS

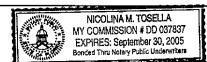
I, a Notary Public in and for the State of Florida, do hereby certify that Jeffery W. Jackson as Managing Member of JPJ, L.L.C., a Florida limited liability company, is personally known to me or produced Harries, been as identification, who executed the foregoing Certificate of Limited Partnership, personally appeared before me in said State and County and who took an oath.

Witness my hand and seal this 2 th day of March, 2005.

Notary Public, State of Florida

Printed Name: Commission No.

My commission expires: (affix notarial seal)



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

- 1. The undersigned is the General Partner of the JPJ FAMILY LIMITED PARTNERSHIP.
- 2. The amount of the original capital contributions of the Limited Partners is \$4,950,000.00. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$4,950,000.00.

FURTHER AFFIANT SAYETH NAUGHT.

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct, this _2 ch day of March, 2005.

By: July W Jackson, Managing Member

STATE OF FLORIDA COUNTY OF HIGHLANDS

I, a Notary Public in and for the State of Florida, do hereby certify that Jeffery W. Jackson as Managing Men	nber
of JPJ, L.L.C., a Florida limited liability company, is personally known to me or produced	uced
Planda druces beare as identification, as the person who executed the foregoing Limited Partner	rship
Affidavit, personally appeared before me in said State and who took an oath.	
Witness my hand and seal this 2 day of March 2005	
Without my thank and sour this day or whitein, 2000.	
ب پئے ۔	
Melin M. Jasilla	
Notary Public, State of Florida	
Printed Name: Commission No.	-
My commission expires:	_
(affix notarial seal)	
NICOLINA M. TOSELLA	

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process of the JPJ FAMILY LIMITED PARTNERSHIP at a place designated in the Certificate of Partnership, I hereby agree to act in this capacity, and agree to comply with the provision of law relative to the performance of my duties.

Jeffery W. Jackson Registered Agent

H.\TerriVMS\Jackson\FLP.wpd

