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DIVISION OF CORPORATION

FLORIDA LIMITED PARTNERSHIP  
THE K.T. FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	045
Estimated Charge	\$1,837.50

SECRETARY OF STATE  
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TC  
\$2,700,000.00

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
THE K.T. FAMILY LIMITED PARTNERSHIP**

As a Certificate of Limited Partnership pursuant to F.S. § 620.108, the undersigned certifies:

1. The name of this limited partnership is **THE K.T. FAMILY LIMITED PARTNERSHIP**

2. The address of the principal office and the name and address of the agent for service of process are:

Principal Office Address:

1157 S. State Road 7  
Wellington, FL 33414

Registered Agent's Name and Address:

Krishna Tripuraneni  
1157 S. State Road 7  
Wellington, FL 33414

The name and address of the General Partner is:

K.T. FAMILY, LLC  
1157 S. State Road 7  
Wellington, FL 33414

LOS - 37953

3. The mailing address for the limited partnership is:

1157 S. State Road 7  
Wellington, FL 33414

4. If not dissolved sooner by unanimous vote of the General Partner, this limited partnership shall dissolve December 31, 2050.

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FLORIDA

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2005 APR 18

WHEREFORE, the undersigned has executed this Certificate as General Partner of the THE K.T. FAMILY LIMITED PARTNERSHIP as of the date set forth below.

**WITNESSES****GENERAL PARTNER**

K.T. FAMILY, LLC, a Florida limited liability company

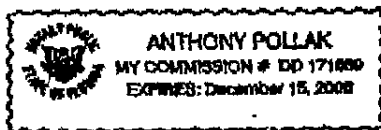
Megh Mule  
Ryan Conner

Krishna Tripuraneni  
KRISHNA TRIPURANENI, Managing Member

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of K.T. FAMILY, LLC, by KRISHNA TRIPURANENI, its managing member, on the 27 day of March, 2005, who personally appeared before me. KRISHNA TRIPURANENI is personally known to me or has produced \_\_\_\_\_ as identification.

(SEAL)



Anthony Pollak  
Notary Public  
My Commission Expires: 12-15-2006  
My Commission number is: DD171669

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 620.105, Florida Statutes, the following is submitted in compliance with said Act:

That THE K.T. FAMILY LIMITED PARTNERSHIP desiring to organize under the laws of the State of Florida, has named KRISHNA TRIPURANENI, located at the Registered Office of the corporation at 1157 S. State Road 7, Wellington, FL 33401, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
\_\_\_\_\_  
KRISHNA TRIPURANENI

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned constituting the sole general partner of THE K.T. FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, certifies:

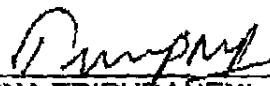
The amount of capital contributions to date of the limited partners is \$2,700,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$2,700,000.

FURTHER AFFIANT SAYETH NOT.

***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.***

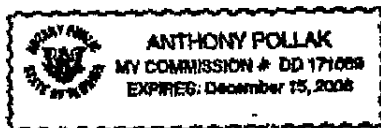
K.T. FAMILY, LLC, a Florida limited liability company

  
KRISHNA TRIPURANENI, Managing Member

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of K.T. FAMILY, LLC, by KRISHNA TRIPURANENI, its managing member, on the \_\_\_\_\_ day of March, 2005, who personally appeared before me. KRISHNA TRIPURANENI is personally known to me or has produced \_\_\_\_\_ as identification.

(SEAL)



  
Notary Public

My Commission Expires: 12-15-2008

My Commission number is: DD 171009

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