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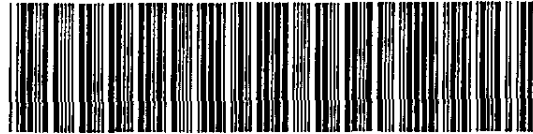
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 19 2005

BRENNAN, MANNA & DIAMOND

76 South Laura Street ♦ Suite 2110 ♦ Jacksonville, FL 32202 ♦ www.bmdpl.com

Randal C. Fairbanks
Phone: (904) 368-1516
Fax: (904) 368-1501
rcfairbanks@bmdpl.com

July 13, 2005

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: **The Schultz Family Limited Partnership**

To Whom It May Concern:

Enclosed for filing is the Certificate of Limited Partnership and Affidavit of Capital Contributions of The Schultz Family Limited Partnership. Please, file this document and return it to me in the enclosed self addressed envelope.

Also enclosed is a check in the amount \$1,837.50 for the filing fee, the fee for designation of a registered agent, and the fee for a certified copy of the filed certificate.

If you have any questions regarding this matter please feel free to contact me.

Sincerely,


Jennifer Janin
(Assistant to Randal C. Fairbanks)

Enclosures

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TALLAHASSEE, FLORIDA

**PARTNERSHIP AND
CONTRIBUTIONS OF
PARTNERSHIP**

**CERTIFICATE OF LIMITED
AFFIDAVIT OF CAPITAL
THE SCHULTZ FAMILY LIMITED**

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JULIUS C. CORPORATIONS
TALLAHASSEE, FLORIDA

This Certificate of Limited Partnership is made and entered into this 5th day of JULY, 2005, by and between Robert W. Schultz, as Trustee of the Trust Agreement of Robert W. Schultz dated May 22, 1996 and Gail Schultz, as Trustee of the Trust Agreement of Gail Schultz dated May 22, 1996, as the general partners (collectively, the "General Partner"), and the limited partners ("Limited Partners"), whereby the parties hereto agree to form a limited partnership pursuant to Chapter 620 of the Florida Statutes and do hereby swear, affirm and certify as follows:

The name of the limited partnership is the Schultz Family Limited Partnership (the "Partnership").

The purpose of the Partnership is to engage in any lawful act or activity in which a partnership with or without limited partners may engage, including, without limitation, any and all phases of the business of owning, holding, managing, controlling, acquiring, purchasing, disposing of, or otherwise dealing in or with any interests or rights in any real or personal property, directly or through one or more other limited partnerships, limited liability companies or other entities or arrangements. The Partnership shall be entitled to make its investments within the State of Florida or within any other state which the General Partner deems appropriate.

The principal place of business and mailing address of the Partnership is c/o Robert W. Schultz, 1360 Classic Court North, Longwood, Florida 32779.

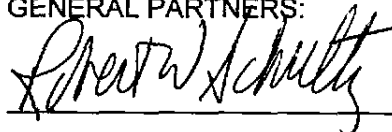
The names and business addresses of the General Partners are: Robert W. Schultz, as Trustee of the Trust Agreement of Robert W. Schultz dated May 22, 1996 and Gail Schultz, as Trustee of the Trust Agreement of Gail Schultz dated May 22, 1996, 1360 Classic Court North, Longwood, Florida 32779.

The name and address of the agent for service of process for the Partnership shall be Robert W. Schultz, 1360 Classic Court North, Longwood, Florida 32779.

The Partnership's existence shall commence on the date the Certificate of Limited Partnership is filed with the Secretary of State of Florida and shall continue for fifty (50) years, unless sooner terminated by law or as provided in the Partnership Agreement.

Under the penalty of perjury, we declare that we have read the foregoing and know the contents hereof and the facts stated herein are true and correct.

GENERAL PARTNERS:



Robert W. Schultz, as Trustee of the

Trust
Schultz dated May 22,

Agreement

Agreement of Robert W.
1996

Gail Schultz
Gail Schultz, as Trustee of the Trust
of Gail Schultz dated May 22, 1996

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TALLAHASSEE, FLORIDA

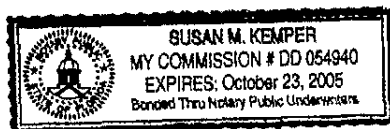
STATE OF FLORIDA)

COUNTY OF SEMINOLE)

5th The foregoing Certificate of Limited Partnership was acknowledged before me this day of July, 2005, by Robert W. Schultz ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that he signed such instrument of his own free will.

Susan M. Kemper

Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



STATE OF FLORIDA)

COUNTY OF SEMINOLE)

5th The foregoing Certificate of Limited Partnership was acknowledged before me this day of July, 2005, by Gail Schultz ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that she signed such instrument of her own free will.

Susan M. Kemper

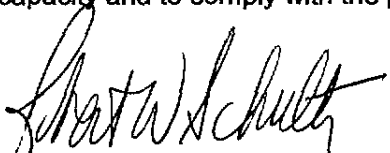
Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



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TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT BY REGISTERED AGENT

I, Robert W. Schultz, having been named to accept service of process for the above stated Partnership at the place designated in this Certificate, and being familiar with the duties and responsibilities as registered agent for said Partnership, hereby agree to act in this capacity and to comply with the provisions of said laws.



Robert W. Schultz, Registered Agent

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TALLAHASSEE, FLORIDA

**Schedule "A"
AFFIDAVIT OF CAPITAL**

CONTRIBUTIONS

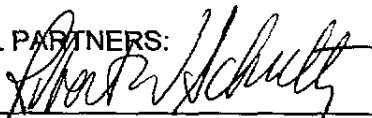
STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The undersigned constituting the General Partners of the Schultz Family Limited Partnership hereby certify:

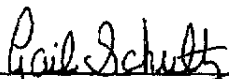
The aggregate amount of capital contributions made to the Partnership to date totals \$1,430,00.00 and no additional contributions are currently anticipated.

Under the penalty of perjury, we declare that we have read the foregoing and know the contents hereof and the facts stated herein are true and correct.

GENERAL PARTNERS:



Robert W. Schultz, as Trustee of the Trust
Agreement of Robert W. Schultz dated May
22, 1996



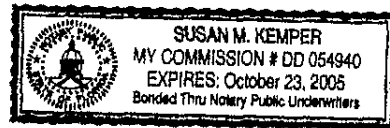
Gail Schultz, as Trustee of the Trust
Agreement of Gail Schultz dated May
22, 1996

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The foregoing Certificate of Limited Partnership was acknowledged before me this

5th day of July, 2005, by Robert W. Schultz [X] who is personally known to me or [] who has produced _____ as identification, and who acknowledged that he signed such instrument of his own free will.

Susan M. Kemper
Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The foregoing Certificate of Limited Partnership was acknowledged before me this 5th day of July, 2005, by Gail Schultz [X] who is personally known to me or [] who has produced _____ as identification, and who acknowledged that she signed such instrument of her own free will.

Susan M. Kemper
Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



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