

Certificate of Limited Partnership

A05000001990
FILED
November 01, 2005
Sec. Of State
gharvey

Name of Limited Partnership:

SKYLINE WELL DEVELOPMENT, LIMITED PARTNERSHIP

Business Address of Limited Partnership:

6208 LEHMAN DR.
SUITE 318
COLORADO SPRINGS, CO. US 80918

Mailing Address of Limited Partnership:

6208 LEHMAN DR.
SUITE 318
COLORADO SPRINGS, CO. US 80918

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

RONALD H MAST
25539 HAWKS RUN LN.
SORRENTO, FL. 32776

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

Registered Agent Signature: RONALD H. MAST

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

11/1/2035

The name and address of all general partners are:

Title: G
SKYLINE WELL DEVELOPMENT, LLC
6208 LEHMAN DR., SUITE 318
COLORADO SPRINGS, CO. 80918

The effective date for this Limited Partnership shall be:

11/01/2005

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

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The undersigned constituting all of the general partners of:
SKYLINE WELL DEVELOPMENT, LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
0.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
1.00

Signed this First day of November, 2005

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: RONALD H. MAST