

# **Certificate of Limited Partnership**

**A06000000305**  
**FILED**  
**February 28, 2006**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

EISAMAN FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

15749 W. HIGHWAY 316  
WILLISTON, FL. US 32696

Mailing Address of Limited Partnership:

15749 W. HIGHWAY 316  
WILLISTON, FL. US 32696

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

BARRY W EISAMAN  
15749 W. HIGHWAY 316  
WILLISTON, FL. 32696

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

Registered Agent Signature: BARRY W. EISAMAN

The name and address of all general partners are:

Title: G  
EISAMAN FAMILY MANAGEMENT, LLC  
15749 W. HIGHWAY 316  
WILLISTON, FL. 32696 US

Signed this Twenty Eighth day of February, 2006

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: BARRY W. EISAMAN