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BRIDGEWATER — SUITE A 210 — 1515 INDIAN RIVER BOULEVARD — VERO BEACH, FLORIDA 32960-7103 TELEPHONE: 772.778.8885 — FACSIMILE: 772.778.8883 — E-MAIL: postmaster@rappelhealthlaw.com

May 30, 2006

## PERSONAL AND CONFIDENTIAL

ATTN: Michelle Hodges Registration Section Florida Department of State Division of Corporations Corporate Records P.O. Box 6327 Tallahassee, Florida 32314

Re: THE WOODY FAMILY PARTNERSHIP Our File Number: W0076.06013

Dear Ms. Hodges:

We are pleased to enclose two (2) fully signed Certificate of Limited Partnership for the above named limited partnership along with fees in the amount of ONE THOUSAND AND 00/100THS DOLLARS (\$1,000.00) for filing with the Florida Department of State. Please return the second original for our files.

Additionally, please return all correspondence concerning this matter to:

Robert Rappel, DO, Esq. RAPPEL HEALTH LAW GROUP, P.L. Bridgewater 1515 Indian River Boulevard, Suite A 210 Vero Beach, Florida 32960-7103

Should you have any questions or comments regarding the matter above, please do not hesitate to contact me directly at 772.778.8885.

Very truly yours,

RAPPELHEALTH LAW GROUP
A Professional Limited Liability Company

ROBERT RAPPEL, D.O., ESQUIRE

For the Firm

DRR/

Enclosures: As stated.

 $t\clients\africano\asset\ protection\africano\ family\ limited\ partnership\correspondence\cover\ letter\ to\ state\ 02.16.2006.doc$ 

ROBERT RAPPEL, D.O., J.D. \*† | CRAIG M. RAPPEL \* | JENNIFER D. PESHKE, M.P.H., J.D. | MICHAEL B. RAPPEL \*Q

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The Woody Family Limited Partnership	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	
2. 7210 Reserve Creek Drive	
(Street address of initial designated office)	- ~
Port St. Lucie, Florida 34986	MOP 9007
(Name of Registered Agent for Service of Process)	믕
<sub>4.</sub> 1515 Indian River Boulevard, Suite A 210	PHI
(Florida street address for Registered Agent)	C+ :7
Vero Beach, Florida 32960-7103	<u>်</u>
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  Signature of Registered Agent	ю
<sub>6.</sub> 1515 Indian River Boulevard, Suite A 210	
(Mailing address of initial designated office)	_
Vero Beach, Florida 32960-7103	_
7. If limited partnership elects to be a limited liability limited partnership, check box	

8. Name and business address of each ger Name:	neral partner: Business Address:
RJRR Family Holdings, L.L.C.	7210 Reserve Creek Drive 106-40376
	Port St. Lucie, Florida 34986
	·
	2005 2005
	SECRETARY  SIGN OF CA
	9-1-6 04:04:04:04:04:04:04:04:04:04:04:04:04:0
	PH12;
	- <b></b>
	<del></del>
9. Effective date, if other than the date of filing:	·
(Effective date cannot be prior to nor mor filed by the Florida Department of State.)	e than 90 days after the date the document is
Signed this 13 <sup>11</sup> day of	PLIL 2006
Signature of each general partner:	
Konstonelands bod	THE MUNICER
7	/
Filing Fees: \$1,0	00.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52. Certificate of Status (optional): \$8.7	50

Page 2 of 2