

## **Certificate of Limited Partnership**

**A06000001093**  
**FILED**  
**September 15, 2006**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

CAMPUS CONNECTION LLLP

Street Address of Limited Partnership:

C/O PARADIGM, 220 N. MAIN STREET  
GAINESVILLE, FL. US 32601

Mailing Address of Limited Partnership:

P.O. BOX 13116  
GAINESVILLE, FL. US 32604

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

CAMPUS CONNECTION GP LLC  
C/O PARADIGM, 220 N. MAIN STREET  
GAINESVILLE, FL. 32601

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

Registered Agent Signature: NATHAN S. COLLIER, MGRM

The name and address of all general partners are:

Title: G  
CAMPUS CONNECTION GP LLC  
C/O PARADIGM, 220 N. MAIN STREET  
GAINESVILLE, FL. 32601 US

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Fifteenth day of September, 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: NATHAN S. COLLIER, MGRM