

Dec. 12. 2006 4:38PM

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Florida Department of State
Division of Corporations
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Account Name : JOHN K. MCCLURE, P.A.
Account Number : I20000000201
Phone : (863) 402-1888
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Davis Family Limited Partnership

Certificate of Status	0
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December 12, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOHN K. MCCLURE, P.A.

SUBJECT: DAVIS FAMILY LIMITED PARTNERSHIP
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Donald T. Davis FAMILY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

John K. McClure (ast)
(Contact Person)

McClure & LoboZZo
(Firm/Company)

230 So. Commerce Ave.
(Address)

Sebring, FL 33870
(City, State and Zip Code)

For further information concerning this matter, please call:

Ann Fila
(Name of Contact Person)

at (863) 402-1880
(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

1. DONALD T. DAVIS FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 6994 State Road 66, Zolfo Springs, Florida 33890
(Business address of Limited Partnership)

3. John K. McClure
(Name of Registered Agent for Service of Process)

4. 230 South Commerce Avenue, Sebring, Florida 33870
(Florida street address for Registered Agent)

5. 

(Registered Agent must sign here to accept designation as Registered Agent for Service of Process) 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 & complete performance of my duties, and I

6. 6994 State Road 66, Zolfo Springs, Florida 33890
(Mailing Address of the Limited Partnership) obligations of my position as R.A.

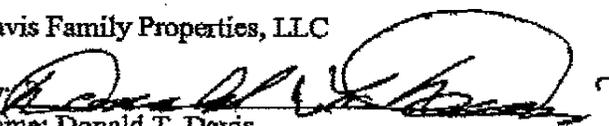
7. The latest date upon which the Limited Partnership is to be dissolved is: Perpetual

8. Name(s) of general partner(s):	Street address:	2006 DEC 12 A 10:53 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>Davis Family Properties, LLC</u>	<u>6994 State Road 66 Zolfo Springs, Florida 33890</u>	
_____	_____	

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11 day of May, 2006

Signature of all general partners:

Davis Family Properties, LLC
By: 
Name: Donald T. Davis
Title: Managing Member