

Certificate of Limited Partnership

A06000001488
FILED
December 18, 2006
Sec. Of State
gharvey

Name of Limited Partnership:

CAP'N WELLS LLLP

Street Address of Limited Partnership:

2600 GOLDEN GATE PARKWAY
NAPLES, FL. US 34105

Mailing Address of Limited Partnership:

2600 GOLDEN GATE PARKWAY
NAPLES, FL. US 34105

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

PAUL J MARINELLI
2600 GOLDEN GATE PARKWAY
NAPLES, FL. 34105

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

Registered Agent Signature: PAUL J. MARINELLI

The name and address of all general partners are:

Title: G
MICHAEL W GABLE
2600 GOLDEN GATE PARKWAY
NAPLES, FL. 34105 US

The effective date for this Limited Partnership shall be:

12/18/2006

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Eighteenth day of December, 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: MICHAEL WELLS GABLE