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(Requestor's Name)

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☐ PICK-UP

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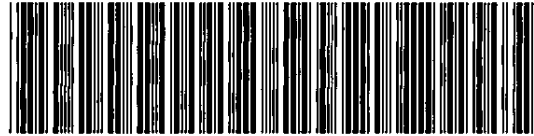
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 801830 3487A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 1052.50

ORDER DATE : March 14, 2007

ORDER TIME : 10:45 AM

ORDER NO. : 801830-005

CUSTOMER NO: 3487A

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOMESTIC FILING

NAME: CIVIX/TRI HAINES CITY, L.P.

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2007

DEBBIE SKIPPER
CSC
TALLAHASSEE, FL

SUBJECT: CIVIX/TRI HAINES CITY, L.P.
Ref. Number: W07000012757

We have received your document for CIVIX/TRI HAINES CITY, L.P. and the authorization to debit your account in the amount of \$1052.50. However, the document has not been filed and is being returned for the following:

Before this limited partnership can be filed, the general partner -- TRI HAINES, GP, INC. -- will have to register as a foreign corporation in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 807A00018010

Resubmit
file 2nd

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 MAR 21 PM 12:54
FORWARDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
CIVIX/TRI HAINES CITY, L.P.,
A FLORIDA LIMITED PARTNERSHIP**

FILED
07 MAR 22 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Partnership: Civix/Tri Haines City, L.P.
 - a. The above named limited partnership is not a limited liability limited partnership.
2. Street Address of Initial Designated Office:

2033 Main Street, Suite 201
Sarasota, FL 34237
3. Mailing Address of Partnership: Same as street address of initial designated office.
4. Name and Address of Registered Agent:

Bruce P. Chapnick, Esquire,
Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.
2033 Main Street, Suite 600
Sarasota, FL 34237
5. Business Correspondence:
 - a. Name: Bruce P. Chapnick, Esq.
 - b. Email Address: bchapnick@icardmerrill.com
6. Name and Business Address of Each General Partner:

<u>Name:</u>	<u>Business Address:</u>
City Tri Haines GP, Inc., a Texas corporation F07000001590	17400 Dallas Parkway, Suite 216 Dallas, Texas 75287
Civix Multisite Retail, LLC, a Florida limited liability company L040000012511	2033 Main Street, Suite 201 Sarasota, FL 34237
7. Effective Date: Date of Filing

IN WITNESS WHEREOF, the undersigned, being all of the General Partners of Civix/Tri Haines City, L.P. have executed this Certificate of Limited Partnership as of February 23, 2007.

General Partners:

City
Tri Haines, GP, Inc., a Texas corporation

By: _____

(Lisa A. Green, Executive Vice President)

Civix Multisite Retail, LLC, a Florida limited liability company

By: Civix-M-R, LLC, Its Managing Member

By: Civix Holding, L.L.C., a Managing Member

By: RIC, LLC, Its Managing Member

By: _____

Rod Connelly, Its Managing Member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 620.1114, FLORIDA STATUTES, THE LIMITED PARTNERSHIP DESCRIBED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited partnership is: CIVIX/TRI HAINES CITY, L.P.
2. The name and address of the registered agent and office is:

Bruce P. Chapnick, Esq.

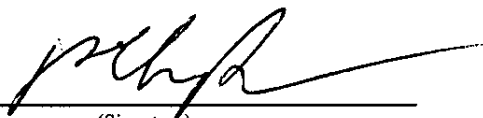
Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

2033 Main Street, Suite 600

Sarasota, FL 34237

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 relating 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)

February ²³, 2007

(Date)