

# **Certificate of Limited Partnership**

**A07000000955**  
**FILED**  
**August 10, 2007**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

LECESSE MICHIGAN LIMITED PARTNERSHIP

Street Address of Limited Partnership:

650 S. NORTHLAKE BOULEVARD  
SUITE 450  
ALTAMONTE SPRINGS, FL. US 32701

Mailing Address of Limited Partnership:

650 S. NORTHLAKE BOULEVARD  
SUITE 450  
ALTAMONTE SPRINGS, FL. US 32701

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

MURAI WALD BIONDO MORENO & BROCHIN, P.A.  
TWO ALHAMBRA PLAZA  
PH 1B  
CORAL GABLES, FL. 33134

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

Registered Agent Signature: GERALD J. BIONDO

The name and address of all general partners are:

Title: G  
LECESSE MICHIGAN, INC.  
650 S. NORTHLAKE BOULEVARD SUITE 450  
ALTAMONTE SPRINGS, FL. 32701

Signed this Tenth day of August, 2007

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: FRANK K. GROSCH