SENT BY:L O D [illegible] 1-13-95 ; 2:43PM ; 4074252420→ D[illegible] CORPORATIONS;# 2

A95000000085

1/13/95 FLORIDA DIVISION OF CORPORATIONS 1:06 PM
PUBLIC ACCESS SYSTEM
(((H95000000552))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
215 N EOLA DR

DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

ORLANDO FL 32801- 1-
CONTACT: LOURDES G JONES
PHONE: (407) 843-4600
FAX: (407) 423-4495

(((H95000000552)))
DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: WHISKEY SPRINGS LIMITED PARTNERSHIP
FAX AUDIT NUMBER: H95000000552
DATE REQUESTED: 01/13/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 4
ESTIMATED CHARGE: $1,837.50
CURRENT STATUS: REQUESTED
TIME REQUESTED: 13:06:50
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
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Name Availability
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95 JAN 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOWNDES
DROSDICK
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KANTOR &
REED, P.A.
Attorneys at Law

215 North Eola Drive
Post Office Box 2809
Orlando, Florida 32802-2809
Telephone (407) 843-4600
Telecopier (407) 423-4495

TELECOPY TRANSMITTAL
FOR IMMEDIATE DELIVERY

DATE: January 13, 1995
TO: DIVISION OF LIMITED PARTNERSHIPS - NEW FILINGS
COMPANY: SECRETARY OF STATE OF FLORIDA
TELECOPIER NO.: (904) 922-4000 TELEPHONE NO.: (904) 488-9000
FROM: LOURDES G. JONES, LEGAL ASSISTANT TO NICHOLAS A. POPE
TELECOPIER NO.: (407) 423-4495 TELEPHONE NO.: (407) 843-4600
TOTAL NUMBER OF PAGES, INCLUDING THIS ONE: -6-
SPECIAL INSTRUCTIONS: CERTIFICATE OF LIMITED PARTNERSHIP OF: WHISKEY SPRINGS LIMITED PARTNERSHIP

ORIGINAL DOCUMENT TO BE MAILED: _____

TIME OF TRANSMITTAL: 2:05 (TO BE COMPLETED BY TRANSMITTING OPERATOR)

If you do not receive all of the pages, please call us as soon as possible.

Thank you,

CLIENT NO.: 1451 MATTER NO.: 40082

H95000000552

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, hereby makes, acknowledges and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. NAME OF PARTNERSHIP. The name of the partnership shall be WHISKEY SPRINGS LIMITED PARTNERSHIP, a Florida limited partnership.

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 1505 E. Colonial Drive, Orlando, Florida 32803, or at such other place or places as the General Partner shall from time to time determine.

3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

Nicholas A. Pope
215 N. Eola Drive
Orlando, Florida 32801

4. NAME AND BUSINESS ADDRESS OF GENERAL PARTNER.

WHISKEY SPRINGS, INC.
c/o Mr. Russell L. Mills, Sr.
1505 E. Colonial Drive
Orlando, Florida 32803

5. MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

c/o Mr. Russell L. Mills, Sr.
1505 E. Colonial Drive
Orlando, Florida 32803

H95000000552

THIS DOCUMENT WAS PREPARED BY:
NICHOLAS A. POPE, FLA BAR #0231010
LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
P.O. BOX 2809, ORLANDO, FL 32802-2809
(407) 843-4600

H95000000552

6. **TERM**. The partnership shall be dissolved on December 31, 2020 unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the Partnership.

EXECUTED this 12th day of January, 1995.

GENERAL PARTNER

WHISKEY SPRINGS, INC., a Florida corporation

By: Russell L. Mills, Sr.
President

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Russell L. Mills, Sr., President of Whiskey Springs, Inc., General Partner of Whiskey Springs Limited Partnership, a Florida limited partnership, known to me to be the person who executed the foregoing Certificate of Limited Partnership and who acknowledged before me that he executed the Certificate of Limited Partnership for the purposes therein stated. In witness whereof, I have hereunto set my hand and seal this 12th day of January, 1995.

Name: Nicholas A. Pope
Notary Public
Commission No.
My Commission Expires:

H95000000552

AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned, after first being duly sworn, deposes and says that the amount of capital the Limited Partners of WHISKEY SPRINGS LIMITED PARTNERSHIP, are required to contribute is $1,089,000.00.

If, the Limited Partners in the future make additional capital contributions to the Partnership, a supplemental affidavit will be filed.

SWORN AND SUBSCRIBED as of the 12th day of January, 1995.

GENERAL PARTNER:

WHISKEY SPRINGS, INC., a Florida corporation

By: _____
Russell L. Mills, Sr.
President

Sworn and subscribed to before me by Russell L. Mills, Sr., President of WHISKEY SPRINGS, INC., General Partner of WHISKEY SPRINGS LIMITED PARTNERSHIP, a Florida limited partnership, this 12th day of January, 1995.

_____
Name: Nicholas A. Pope
Notary Public
Commission No. _____
My Commission Expires:

NICHOLAS A. POPE
MY COMMISSION EXPIRES
JANUARY 14, 1997
#CC 332304
NOTARY PUBLIC, STATE OF FLORIDA

H95000000552

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Nicholas A. Pope, accepts his designation as Registered Agent for WHISKEY SPRINGS LIMITED PARTNERSHIP, a Florida limited partnership and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.

EXECUTED this 12th day of January, 1995.

Nicholas A. Pope
Registered Agent

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Nicholas A. Pope, known to me to be the person who executed the foregoing Acceptance of Registered Agent.

12th IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of January, 1995.

Name: Mary Dean
Notary Public
Commission No. CC378645
My Commission Expires:

Notary Public, State of Florida
My Commission Expires Jan. 24, 1995
Bonded Thru Troy Fain - Insurance Inc.

H95000000552

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 27 AM 11:52

1. Name of Limited Partnership

1a. DOCUMENT # A95000000085

WHISKEY SPRINGS LIMITED PARTNERSHIP

Q1/4 DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
% MR. RUSSELL L. MILLS, SR.
1505 E. COLONIAL DR.
ORLANDO FL 32803

Principal Office Address
1505 E. COLONIAL DR.
ORLANDO FL 32803

If above addresses are incorrect in any way, line through them, enter correct information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
01/17/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$1,089,000.00	$1,089,000.00	59-3291776	Applied For / Not Applicable — $8.75 Additional Fee Required for a Certificate of Status

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. **Name and Address of Current Registered Agent**

POPE, NICHOLAS A
215 N. EOLA DR.
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Nicholas A. Pope DATE 10/13/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WHISKEY SPRINGS, INC.	%1505 E. COLONIAL DR.	ORLANDO FL 32803	P95000003074

300001679243
-01/04/96--01129--001
****576.25 ****576.25

LH2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Russell L. Mills DATE 12.07.95

Typed or Printed Name of General Partner Signing Form RUSSELL L. MILLS - PRESIDENT Telephone Number 1-407-896-0594

0004843