

WALKER & KOEGLER

ATTORNEYS AND COUNSELORS AT LAW

STEVEN C. KOEGLER
JAMES V. WALKER
PHILLIP I. DILLINGHAM
ALAN D. HENDERSON

QUADRANT II AT SOUTHPOINT
4855 BALISUNNY ROAD • SUITE 300
JACKSONVILLE, FLORIDA 32256-0950
TELEPHONE (904) 281-0300
FAX (904) 281-0400

REPLY TO:
P.O. BOX 550587
JACKSONVILLE, FL 32255-0587

A95000000095

Limited Partnership Section
Corporation Division
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: Dureco Partners, Ltd.

800001849188
-12/09/94--01053--001
*****37.50 *****37.50

100001887401
-01/24/95--01017--002
*****50.00 *****50.00

Gentlemen:

Enclosed herewith is the original and one copy of the Certificate of Limited Partnership for the above partnership to be filed in your office. Also enclosed is our check in the amount of \$87.50 to cover the following filing fees:

Filing Fee	\$ 52.50
Registered Agent fee	35.00
Total	\$87.50

FILED
DEC 13 1994
TALLAHASSEE, FL

Should you have any questions regarding this partnership, please do not hesitate to call me. Please return the stamped copy of the Limited Partnership Certificate to the letterhead address.

Very truly yours,

WALKER & KOEGLER

Phillip I. Dillingham
Phillip I. Dillingham

PHD/pa
Enclosures

File 1st hr

C. TAY
F
I
C
R
B
REFUND

A95000000095



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 14, 1994

PHILLIP I. DILLINGHAM
WALKER & KOEGLER
P.O. BOX 550587
JACKSONVILLE, FL 32255-0587

SUBJECT: DURECO PARTNERS, LTD.
Ref. Number: W94000026664

We have received your document for DURECO PARTNERS, LTD. and check(s) totaling \$37.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$50.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Your cover letter states that you have submitted a check for \$87.50 but we only received \$37.50.

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 (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 994A00053123

**CERTIFICATE OF LIMITED PARTNERSHIP
AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

Dureco Partners, Ltd.

This Certificate of Limited Partnership made and entered into this 15th day of November, 1994, by and between Dureco, Inc., a Florida corporation, as the General Partner ("General Partner") and Gary Duren as the Limited Partner ("Limited Partner"), whereby the parties hereto agree and form a Limited Partnership pursuant to Chapter 620 of the Florida Statutes and do hereby swear, affirm and certify as follows:

1. The name of the Limited Partnership is: Dureco Partners, Ltd.
2. The purpose of the Limited Partnership is: to own United States Patent #5,273,068, dated December 28, 1993, and to trade, buy, sell or otherwise hold or dispose of investments of any kind and nature.
3. The principal place of business of the Limited Partnership is: c/o Walker & Koegler, 4655 Salisbury Road, Suite 390, Jacksonville, Florida 32256 and its mailing address shall be Post Office Box 550587, Jacksonville, Florida 32255.
4. The name and business address of the sole General Partner is: Dureco, Inc., 6812 Camp Road, Keystone Heights, Florida 32656.
5. The name and address of the agent for service of process for the Limited Partnership shall be James V. Walker, 4655 Salisbury Road, Suite 390, Jacksonville, Florida 32256.
6. The Affidavit of Capital Contributions is attached hereto as Schedule A; the Limited Partners shall have no responsibility for additional contributions to the Partnership.
7. The Limited Partnership and limitation of liability of the Limited Partners shall commence on the date of filing with the Secretary of State of Florida and shall continue until December 31, 2015.

GENERAL PARTNER:

Dureco, Inc.

By: 

Gary S. Duren

Its: President

STATE OF FLORIDA)

COUNTY OF CLAY)

The foregoing Certificate of Limited Partnership was acknowledged before me this
1st day of Dec., 1994, by Gary S. Duren, the President of Dureco,
Inc., who is personally known to me or who has produced identification, and who
acknowledged that he signed such instrument of his own free will.

Janet M. Schneider
Notary Public, State of Florida at Large

JANET M. SCHNEIDER

Notary's printed or stamped name:

My commission expires:

XXX Personally known

 Produced as identification.



1995 JUL 18 PM 12:35

FILED

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

First that Dureco Partners, Ltd., filing its Certificate of Limited Partnership pursuant to Chapter 620 of the laws of the State of Florida, with its principal office in the City of Jacksonville, State of Florida has named James V. Walker, located at 4655 Salisbury Road, Suite 390, Jacksonville, Florida 32256, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated Limited Partnership at the place designated in this certificate, and being familiar with the duties and responsibilities as registered agent for said Limited Partnership, I hereby agree to act in this capacity and to comply with the provisions of said laws.

By: James V. Walker
James V. Walker, Resident Agent

FILED
JUN 18 12 12 35
CLERK

STATE OF FLORIDA)
COUNTY OF Cay)

\$ 100.00

FILED
1965 JUN 18 AM 10:35
FBI - MEMPHIS

Produced as identification

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
T. J. M. M. M.
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -5 PM 3:56

ik 4/9

1. Name of Limited Partnership

1n. DOCUMENT #
A95000000095

DURECO PARTNERS, LTD.

Mailing Address

P.O. BOX 350507
JACKSONVILLE FL 32255

Physical Office Address

% WALKER & KOEHLER
4655 SALISBURY ROAD, SUITE 390
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. How Mailing address, if Applicable

Include Apt. # etc.

City, State & Zip

5000001776835

2n. How Close past Office

04/21/96-01062-015
+++191.25 +++191.25

Include Apt. # etc.

City, State & Zip

If Special Addressing is required, use this space for the proper, accurate information and proper correct address, as follows: (Example)

3. Date of Report or Day closed to the Public

01/18/1995

3n. Date of Last Report

N/A

4. State of Incorporation

FL

5n. Capital contributed by Partners

\$100.00

5b. Amount of Capital contributed by Partners

100.00

6. Filing Fee

59-3280242

Applied Fee

FL Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$0.75 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 5d if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
(2) Supplemental Fee. \$130.75 (pursuant to section 607.101, F.S.)

THE ABOVE FEE SHALL BE PAID TO THE STATE OF FLORIDA BY DEPOSIT TO THE STATE TREASURY, 200 SOUTH GULF BLVD., SUITE 100, JACKSONVILLE, FL 32202.

Note: If the amount entered in 5b is greater than the amount entered in 5d, a filing fee must be paid. Limited fee submitted along with appropriate filing fee.

PLEASE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

WALKER, JAMES V
4655 SALISBURY ROAD, SUITE 390
JACKSONVILLE FL 32256

10. If changed, new Registered Agent Office

Name

Street Address (P.O. Box, etc., if not acceptable)

Include Apt. # etc.

City

FL

Zip Code

10n. If changed, the new Registered Agent Office must be changed to the new Registered Agent Office. The change must be made by the Registered Agent or by the general partner(s) of the partnership. If the change was authorized by the general partner(s), they must accept the appointment of registered agent of the partnership by the end of the registration period of the new Registered Agent Office.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of the General Partner

DURECO, INC.

11a. Address of Each General Partner

6812 CAMP ROAD

11b. City, State & Zip Code

KEYSTONE HEIGHTS FL 3

11c. Registered Agent

P94000077331

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

12. If the partnership is a corporation, limited partnership or other business entity, the partnership must be registered and active with this office. If the partnership is a corporation, limited partnership or other business entity, the partnership must be registered and active with this office. If the partnership is a corporation, limited partnership or other business entity, the partnership must be registered and active with this office.

SIGNATURE

Gary S. Duren

GARY S. DUREN President of DURECO 707/433-4070