

000-342-8086
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COST LIMIT : \$ 140.00

DOMESTIC FILING -

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 3:44

EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP

OF

COLLISON FAMILY, LTD.

Pursuant to the authority of Section 620.108, Florida Statutes, the undersigned, constituting the sole general partner of COLLISON FAMILY, LTD. (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

1. The name of the Partnership shall be COLLISON FAMILY, LTD.
2. The address of the office where records shall be kept shall be 154 Park Avenue South, Winter Park, Florida 32789. The name and address of the registered agent for service of process is Harry W. Collison, Jr., 154 Park Avenue South, Winter Park, Florida 32789.
3. The name and business address of the general partner is:
Harry W. Collison, Jr., as Trustee for the
Harry W. Collison, Jr. Family Trust dated
February 7, 1995

154 Park Avenue South
Winter Park, Florida 32789
4. The mailing address of the limited partnership is 154 Park Avenue South, Winter Park, Florida 32789.
5. The latest date upon which the Partnership is to dissolve shall be December 31, 2025.

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DIVISION OF CORPORATIONS
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This Certificate has been executed by the undersigned this 7th day of February, 1995.

GENERAL PARTNER:

Harry W. Collison, Jr. Family Trust dated
February 7, 1995

By: 
Harry W. Collison, Jr., Trustee

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as Registered Agent for COLLISON FAMILY, LTD., the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited partnership and states that he is familiar with the statutory obligations as such.


Harry W. Collison Jr.

Dated this 7th day of February, 1995.

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**AFFIDAVIT
OF
CAPITAL CONTRIBUTIONS**

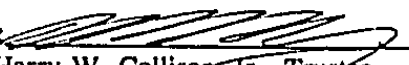
The undersigned being the sole general partner of COLLISON FAMILY, LTD., and being duly sworn does hereby set forth the following for the purpose of accompanying the filing of the Certificate of Limited Partnership of COLLISON FAMILY, LTD. with the Florida Department of State, as required by Section 620.108, Florida Statutes:

The amount of the capital contributions of the limited partners as of the date hereof is \$100.00 in cash and no further capital contributions from the limited partners are reasonably anticipated at this time.

This Affidavit is executed and sworn to by:

General Partner:

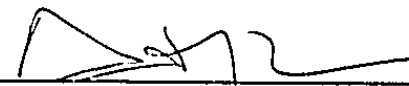
Harry W. Collison, Jr. Family Trust dated
February 7, 1995

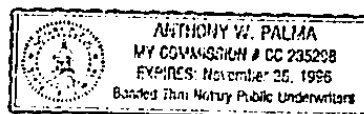
By: 
Harry W. Collison, Jr., Trustee

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 7th day of February, 1995, by Harry W. Collison, Jr., as Trustee/General Partner, and who is personally known to me.


Notary Public
My Commission Expires:
Print, type or stamp name of notary



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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -9 PM 4:15

mbu 4/9

1. Name of Partnership

1a. DOCUMENT #
A95000000201

COLLISON FAMILY, LTD.

2. New Mailing Address - Applicable

Mailing Address
154 PARK AVENUE SOUTH
WINTER PARK FL 32709

3. Old Mailing Address - Applicable

154 PARK AVENUE SOUTH
WINTER PARK FL 32709

2. New Mailing Address - Applicable

State, Apt. # and

City, State & Zip

2a. New Principal Office Address - Applicable

State, Apt. # and

City, State & Zip

If address changes, please indicate the way in which the business is notified of the change of address in Block 2 and/or 2a.

3. Date of Report or Report Filed in the State of
FLORIDA 02/09/1995

3a. Date of Last Report

4. State and County of Formation
FL

5a. Capital Contributions of Partners
in Florida
\$100.00

5b. Amount of Capital Contributions in
FLORIDA to Date
4100.00

6. Filing Number
09-5291418-1

Applied Fee
First Application

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 5a of 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.

2. Supplemental Fee: \$330.75 pursuant to sections 602.103, F.S.

THE ABOVE FEE SHALL BE PAID TO THE TREASURY DEPARTMENT OF THE STATE OF FLORIDA BY DEPOSIT TO THE TREASURY DEPARTMENT OF THE STATE OF FLORIDA.

9. Name and Address of Current Registered Agent

COLLISON, HARRY W. JR.
154 PARK AVENUE SOUTH
WINTER PARK FL 32789

10. If changed, New Registered Agent Office

Name

Street Address (P.O. Box for Post Office Box Acceptance)

State, Apt. # and

City

FL

Zip Code

10a. I, the undersigned, being duly sworn, depose and say that the above named limited partnership organized or incorporated under the laws of the State of Florida, is in this statement for the purpose of filing a report. It is a registered agent or agent in the State of Florida. Such filing was authorized by the general partnership, hereby, accept the appointment of registered agent, and the partnership is in compliance with the provisions of sections 602.103, F.S.

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 General Partner

11a. Address of Each General Partner

11b. City, State & Zip Code

11c. Registration Document Number

COLLISON, HARRY W., JR., AS

154 PARK AVENUE SOUTH

WINTER PARK FL 32789

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

12. I, the undersigned, being duly sworn, depose and say that the above named limited partnership organized or incorporated under the laws of the State of Florida, is in this statement for the purpose of filing a report. It is a registered agent or agent in the State of Florida. Such filing was authorized by the general partnership, hereby, accept the appointment of registered agent, and the partnership is in compliance with the provisions of sections 602.103, F.S.

SIGNATURE

Typed name of Registered Agent

Harry W. Collison, Jr.

Typed name of Partner

7/4/96
(407) 647-0800

50111002200

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BROAD AND CASSEL
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JOHN WHITEHEAD, JR.

* Not Counsel in Florida

October 23, 1997

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Collison Family, Ltd.

Dear Sir/Madam:

Enclosed for filing, please find an original and one (1) copy of the proposed Amendment to Certificate of Limited Partnership of Collison Family, Ltd., together with check number 3970 in the amount of \$52.50, representing the filing fee for said amendment. Please return a filed copy of the enclosed to the undersigned at your earliest convenience.

Sincerely,

Helen Brock Ford
Helen Brock Ford
Paralegal

/hbf
Enclosures

97
OCT 27 PM 4:30
FILED

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**AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP
OF
COLLISON FAMILY, LTD.**

Pursuant to the authority of Section 620.109 of the Florida Revised Uniform Limited Partnership Act (1986), the undersigned, as sole general partner of COLLISON FAMILY, LTD., a Florida limited partnership (the "Partnership"), submits the following:

1. The name of the Partnership is COLLISON FAMILY, LTD.
2. The date of the filing of the certificate of limited partnership was February 9, 1995.
3. Paragraph 1 of the Certificate of Limited Partnership is hereby deleted in its entirety and the following substituted in lieu thereof:

"1. The name of the Partnership shall be HMTCC, LTD."

The undersigned has hereunto set his hand and seal this 20 day of October, 1997.

GENERAL PARTNER:


Harry W. Collison, Jr., Trustee of the
Harry W. Collison, Jr. Family Trust dated
February 7, 1995

FILED
97 OCT 27 PM 1:30