A95000000211

BROAD AND CASSEL
ATTORNEYS AT LAW

February 3, 1995

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

500001 38918'95
-02/08/95--01011--002
***1837.50 ***1837.50

RE: Haverlock Family, Ltd.

Dear Sir/Madam:

Enclosed for filing, please find an original and one (1) copy of the proposed Certificate of Limited Partnership of Haverlock Family, Ltd., together with our firm's check in the amount of $1,837.50 representing the filing fee for said limited partnership. Please return a certified filed copy of the enclosed to the undersigned at your earliest convenience.

FILED
95 FEB -6 AM 8:35

Sincerely,

Helen Brock Ford
Paralegal

Name Availability	2/13/95 dee
Document Examiner	/hbf DEE
Updater	Enclosures cc: Mrs. Faye A. Williamson
Updater Verifyer	C
Acknowledgement	DEE
W. P. Verifyer	DEE

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TC $525,000.00

CERTIFICATE OF LIMITED PARTNERSHIP

OF

HAVERLOCK FAMILY, LTD.

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

1. The name of the Partnership shall be HAVERLOCK FAMILY, LTD.

2. The address of the office where records shall be kept shall be c/o Lifestyles & Healthcare Management, Inc., Post Office Box 759, Okeechobee, Florida 34973-0759. The name and address of the registered agent for service of process is Faye A. Williamson, 3003 SW 28th Street, Okeechobee, Florida 34974.

3. The name and business address of the general partner is:

Faye A. Williamson, Trustee
Faye A. Williamson Family Trust dated May 4, 1992,
as amended and restated on February 2, 1995
3003 SW 28th Street
Okeechobee, Florida 34974

95 FEB -6 PM 1:11

4. The mailing address of the limited partnership is 3003 SW 28th Street, Okeechobee, Florida 34974.

5. The latest date upon which the Partnership is to dissolve shall be December 31, 2025.

This Certificate has been executed by the undersigned this 2nd day of February, 1995.

GENERAL PARTNER:

Faye A. Williamson Family Trust dated May 4, 1992, as amended and restated on February 2, 1995

By: Faye A. Williamson
Faye A. Williamson, Trustee

ACKNOWLEDGEMENT OF REGISTERED AGENT

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

Faye A. Williamson

Dated this 2nd day of February, 1995.

FILED
1995 FEB -6 PM 1:11

AFFIDAVIT

OF

CAPITAL CONTRIBUTIONS

The undersigned being the sole general partner of HAVERLOCK 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 HAVERLOCK 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 $525,000.00 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:

Faye A. Williamson Family Trust dated May 4, 1992, as amended and restated on February 2, 1995

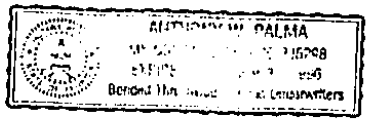
By: Faye A. Williamson, Trustee
Faye A. Williamson, Trustee

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 2nd day of February, 1995, by Faye A. Williamson, Trustee/General Partner, and who is personally known to me.

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



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950202 - 3:17pm

FILE ON OR BEFORE DECEMBER 31, 199[illegible] OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

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

FILED
96 JAN 18 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
HAVERLOCK FAMILY, LTD.

1a. DOCUMENT #
A95000000211

DO NOT WRITE IN THIS SPACE

Mailing Address
3003 SW 28TH STREET
OKEECHOBEE FL 34974

Principal Office Address
% LIFESTYLES & HEALTHCARE MANAGEMENT INC
P.O. BOX 759
OKEECHOBEE FL 34973 0759

2. New Mailing Address, if Applicable
% Lifestyles & Healthcare
Management, Inc.
P.O. Box 759
Okeechobee, FL 34973

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc. 3003 SW 28th Street
City, State & Zip Okeechobee, FL 34974

If above addresses are incorrect in any way, line through the incorrect 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
02/06/1995		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
$525,000.00	$525,000.00	59-3298405	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

CR 1-19

9. Name and Address of Current Registered Agent
WILLIAMSON, FAYE A
3003 SW 28TH STREET
OKEECHOBEE FL 34974

10. If changed, new Registered Agent/Office
Name: Faye A. Haverlock
Street Address (P.O. Box Number is Not Acceptable): 3003 SW 28th Street
Suite, Apt. #, etc.
City: Okeechobee FL Zip Code: 34974

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) *Faye A. Haverlock* DATE *Jan. 9, 1996*

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	11b. City, State & Zip Code	11c. Registration/Document Number
WILLIAMSON, FAYE A TRUSTEE *Haverlock n/c due to marriage*	3003 SW 28TH STREET	OKEECHOBEE FL 34974	

500001694415
-01/22/96--01033--013
****576.25 ****576.25

CR2E003 (6/95)

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

12. [illegible]

SIGNATURE *Faye A. Haverlock* DATE *Jan 9, 1996*

Typed or Printed name of General Partner Signing Form: *FAYE A Haverlock* Telephone No.: *813-763-4555*

0012012