

A95000000211

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* Not Admitted to Practice

February 3, 1995

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

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-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.

Sincerely,

Helen Brock Ford
Helen Brock Ford
Paralegal

Name	2/13/95
Availability	due
Document	
Examiner	hbf
Updater	Enclosures
cc:	Mrs. Faye A. Williamson
Updater	
Verifier	
Adm. Management	
W. P. Verifier	

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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
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.

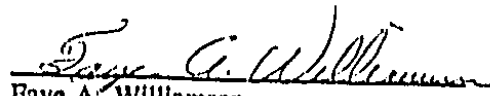
GENERAL PARTNER:

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

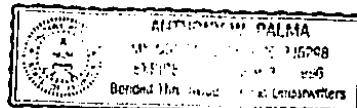
By: Faye A. Williamson, Trustee
Faye A. Williamson, Trustee

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.

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



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
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATE AFFAIRS

FILED

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

1. Name of Limited Partnership
HAVERLOCK FAMILY, LTD.

1a. DOCUMENT #
A95000000211

Mailing Address
**3000 SW 28TH STREET
OKEECHOBEE FL 34974**

Principal Office Address
**%LIFESTYLES & HEALTHCARE MANAGEMENT, INC.
P.O. BOX 759
OKEECHOBEE FL 34974**

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

2a. New Principal Office Address, if Applicable
**3003 SW 28th Street
Okeechobee, FL 34974**

If address changes are described in any way, use the space for a complete description and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered in the State of
FLORIDA
02/06/1995

3a. Date of Last Report

4. State of Origin of Formation
FL

5a. Capital Contributions as Shown
on Record
\$525,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$525,000.00

6. Filing Number
59-3298405

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 5a or 5b if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$10.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$10.75 (\$52.50 + \$10.75) AND NO MORE THAN \$525.25 (\$437.50 + \$10.75).
Note: If the amount entered in 5a is greater than amount entered in 5b, 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**
State, Apt. #, etc.
City **Okeechobee** FL Zip Code **34974**

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, 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 (Street, P.O. Box, or Office, as applicable)	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

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

12. I, hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. In the event that the information supplied is not true and correct, I, the undersigned, shall be liable for the same. I, the undersigned, shall be liable for the same. I, the undersigned, shall be liable for the same. I, the undersigned, shall be liable for the same.

SIGNATURE *Faye A. Haverlock*
Typed or Printed Name of General Partner Signing Form **Faye A Haverlock**

DATE *Jan 9, 1996*
Telephone Number **813-763-7555**

CR2003 (2-95)