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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL 32301 (904) 656-0290
City State Zip Phone

COMPONATION(S) NAME

400000142784-4
-03/23/95--01048--002
***1037.50 ***1037.50

Southcoast PCS Partnership, Ltd.

( ) Profit
( ) NonProfit

( ) Amendment
( ) Merger

( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark

(X) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of R.A.
( ) Fictitious Name

(X) Certified Copy
( ) Photo Copies
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TOTAL 1037.50
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BALANCE DUE
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CR2E031 (1-89)

ROBERT R. KREIS
ATTORNEY AT LAW
POST OFFICE BOX 4060
JACKSONVILLE, FLORIDA 32201
(904) 359-8311

March 17, 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Order #
272116

FEDERAL EXPRESS

CT Corporation System
1311 Executive Center Drive, Suite 200
Tallahassee, Florida 32301

Attention: Ms. Connie Bryan

Re: Certificate of Limited Partnership
Southcoast PCS Partnership, Ltd.

w/cc

Gentlemen:

Pursuant to my telephone conversation with Madonna Cuddihy in your Plantation office, enclosed please find the above, together with check made payable to the Secretary of State in the amount of $1,837.50, for filing. Southcoast PCS Corporation (filed Thursday, March 16) is the General Partner for this Partnership.

After filing is complete, please confirm via fax (904/634-0633), and return the certified copy to the writer via U.S.Mail.

Sincerely,

Robert R. Kreis

RRK/dp
Enclosure

K:\SC-PCS\ORGANIZE\ARTICLES\SPC-INC.DOC

CERTIFICATE
OF
LIMITED PARTNERSHIP

SOUTHCOAST PCS PARTNERSHIP, LTD.

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1. The name of the limited partnership is Southcoast PCS Partnership, Ltd.

2. The address of the office of the limited partnership is:

1010 East Adams Street
Jacksonville, Florida 32202

3. The name and address of the agent for service of process is:

Robert R. Kreis
1010 East Adams Street
Jacksonville, Florida 32202

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

Southcoast PCS Corporation
1010 East Adams Street
Jacksonville, Florida 32202

P95000021471

5. The mailing address for the limited partnership is:

Southcoast PCS Partnership, Ltd.
P. O. Box 4069
Jacksonville, Florida 32201

6. The latest date upon which the limited partnership is to dissolve is December 31, 2020.

IN WITNESS WHEREOF, the general partner has executed this Certificate of Limited Partnership this 17th day of March, 1995.

SOUTHCOAST PCS CORPORATION
General Partner

By _____
W. Radford Lovett, II, President

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AFFIDAVIT

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STATE OF FLORIDA)
) ss
COUNTY OF DUVAL)

W. Radford Lovett, II, being duly sworn, deposes and says:

I am President of Southcoast PCS Corporation, general partner of Southcoast PCS Partnership, Ltd.

The amount anticipated to be contributed by the limited partners is $2,000,000.

W. Radford Lovett, II

Sworn to and subscribed before me this 17th day of March, 1995.

Deloris H. Pope, Notary Public
My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
DELORIS H. POPE
My Comm Exp. 6/14/96
Bonded By Service Ins
No. CC206992

[✓] Personally Known [ ] Other I.D.

ACCEPTANCE OF DESIGNATION

The undersigned, Robert R. Kreis, of 1010 East Adams Street, hereby accepts designation as registered agent of Southcoast PCS Partnership, Ltd.

Robert R. Kreis

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DIVISION OF CORPORATIONS
95 MAR 20 PM 1:54

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 22 PM 1:57

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000446

SOUTHCOAST PCS PARTNERSHIP, LTD.

DO NOT WRITE IN THIS SPACE

Mailing Address
P.O. BOX 4000
JACKSONVILLE FL 32201

Principal Office Address
~~1010 EAST ADAMS STREET~~
JACKSONVILLE FL 32202

2. New Mailing Address, If Applicable
Suite, Apt. #: 1600 Independent Square
City, State & Zip: Jacksonville, FL 32202

2a. New Principal Office Address, If Applicable
Suite, Apt. #: 1600 Independent Square
City, State & Zip: Jacksonville, FL 32202

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: 03/20/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $2,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 59-3302441

7. CERTIFICATE OF STATUS REQUIRED
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
KREIS, ROBERT R
~~1010 EAST ADAMS STREET~~
JACKSONVILLE FL 32202

10. If changed, new Registered Agent/Office
Name:
Street Address (P.O. Box Number is Not Acceptable): 1600 Independent Square
Suite, Apt. #, etc.:
City: Jacksonville, FL Zip Code: 32202

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) DATE

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
SOUTHCOAST PCS CORPORATION	~~1010 EAST ADAMS STREE~~ 1600 Independent Square	JACKSONVILLE FL 32202	P95000021441

10000168323 1
-01/10/96--01013--005
****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. 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.

Southcoast PCS Corporation
SIGNATURE by L D Williams, Vice President DATE 12.8.95

Typed or Printed Name of General Partner Signing Form: L D Williams

Telephone Number: (904) 634-8808

0009070