1201 Hays Street
Tallahassee, FL 32301
800-342-8086

A95000000860

CSC networks
PRENTICE-HALL LEGAL & FINANCIAL SERVICES

FILED
95 JUN -8 PM 1:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ACCOUNT NO. : 072100000032

REFERENCE : 611391 94049A

AUTHORIZATION :

COST LIMIT : 0 PREPAID

500001512845
-06/14/95--01042--003
***1750.00 ***1750.00

ORDER DATE : June 7, 1995

ORDER TIME : 10:28 AM

ORDER NO. : 611391

CUSTOMER NO: 94049A

CUSTOMER: Scott F. Barnett, Esq
ANDERSON & ORCUTT

Suite 2400
401 E. Jackson Street
Tampa, FL 33602

FILED
95 JUN -7 PM 12:
SECRETARY OF STATE
DIVISION OF CORPORATION

R95000002433

by one

500001512845
-06/14/95--01042--004
*****35.00 *****35.00

DOMESTIC FILING

NAME: FAMILY HOLDINGS LIMITED PARTNERSHIP

C. TAX
FILING 1750.00
AGENT FEE 35.00
COPY
FAX 1785.00
BANK
BALANCE DUE
REFUND

_____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

500001512845
-06/14/95--01042--005
*****35.00 *****35.00

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS: MK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 PM 1:35

CERTIFICATE OF LIMITED PARTNERSHIP
OF
FAMILY HOLDINGS LIMITED PARTNERSHIP

This Certificate of Limited Partnership of FAMILY HOLDINGS LIMITED PARTNERSHIP, a Florida limited partnership (the "Limited Partnership") made and filed under the "Florida Revised Uniform Limited Partnership (1986)" is executed as provided for by Florida Statutes, Section 620.108 and sets forth the following for the purpose of forming a limited partnership under Florida law:

(a) The name of the limited partnership is:

FAMILY HOLDINGS LIMITED PARTNERSHIP

(b) The address of the office and the name and address of the agent for service of process required to be maintained by Florida Statutes, Section 620.105 are as follows:

Office Address

SUITE B-206
333 Falkenburg Road North
Tampa, Florida 33619

Name and Address of Agent for Service of Process

KENNETH P. FOSTER
SUITE B-206
333 Falkenburg Road North
Tampa, Florida 33619

(c) The name and business address of each General Partner is:

Name of General Partner

FAMILY GP CORP, INC. P95000043722

Address of General Partner

Attn.: KENNETH P. FOSTER, President
SUITE B-206
333 Falkenburg Road North
Tampa, Florida 33619

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DIVISION OF CORPORATIONS
95 JUN -9 PM 1:35

(d) The mailing address for the Limited Partnership is:

FAMILY HOLDINGS LIMITED PARTNERSHIP
c/o FAMILY GP CORP, INC., General Partner
Attn.: KENNETH P. FOSTER, President
SUITE B-206
333 Falkenburg Road North
Tampa, Florida 33619

(e) The latest date on which the limited partnership is to dissolve is:

December 31, 2050

THIS CERTIFICATE is executed by the undersigned for the purposes declared herein on this 6th day of June, 1995.

FAMILY GP CORP, INC., a Florida corporation

By: _____
KENNETH P. FOSTER, President
Executed on behalf of the Limited Partnership pursuant to Florida Statute, Section 620.116(1)

SFB:jmr
060595:44679

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 1:35

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

AFFIDAVIT AS TO CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS
OF
FAMILY HOLDINGS LIMITED PARTNERSHIP
(the "Limited Partnership")

COMES NOW, the undersigned (the "Affiant"), who, for the purpose of providing this instrument to accompany the Certificate of Limited Partnership of the Limited Partnership pursuant to the provisions of Florida Statutes, Section 620.108(1), swears and deposes as follows:

1. The Affiant is familiar with the affairs and plans of the Limited Partnership, and

2. The capital contributions of the limited partners of the Limited Partnership does now total the amount of

$247,500.00

Further Affiant Sayeth Not;

KENNETH P. FOSTER

SWORN TO AND SUBSCRIBED before me this 6th day of June, 1995, by KENNETH P. FOSTER, who X is personally known to me or _____ has produced _____ as identification and did take an oath. [Notary, check appropriate blank; and, if obtaining identification, fill in appropriate identification number.]

Notary Public

Scott F. Barnett
(Printed Name of Notary)

(Serial Number, if any)

My Commission Expires:

SCOTT F. BARNETT
MY COMMISSION # CC 327957
EXPIRES: October 3, 1997
Bonded Thru Notary Public Underwriters

SFB:jmr
060695:44677

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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 17 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000860

FAMILY HOLDINGS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

Mailing Address
C/O FAMILY GP CORP. INC./ATTN: K.P. FOSTER
333 FALKENBURG ROAD NORTH, SUITE B-206
TAMPA FL 33619

Principal Office Address
C/O FAMILY GP CORP. INC./ATTN: K.P. FOSTER
333 FALKENBURG ROAD NORTH, SUITE B-206
TAMPA FL 33619

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA 06/08/1995

3a. Date of Last Report

4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record $247,500.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number 59-3317855

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
$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

1-18

9. Name and Address of Current Registered Agent
FOSTER, KENNETH P
333 FALKENBURG ROAD NORTH, SUITE B-206
TAMPA FL 33619

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.105 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
FAMILY GP CORP, INC.	333 FALKENBURG ROAD N	TAMPA FL 33619	P95000043722

900001692389
-01/18/96--01101--022
****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)(i), Florida Statutes. I release the Division of Corporations from any liability ... I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; ... General Partner of the limited partnership ... Florida Statutes.

SIGNATURE [signature] DATE 12-14-95

Typed or Printed Name of General Partner Signing Form

Telephone Number

0007605

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