CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite [illegible], Tallahassee, FL [illegible]
Mailing Address: Post [illegible], Tallahassee, FL [illegible]
TOLL FREE No. 1(800) 342-8[illegible]
FAX (904) [illegible]-1222

AP 500002007

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

MC 12/21/95

S. TAX	
FILING	70.00
R. AGENT FEE	35.00
S. COPY (CV)	8.75
TOTAL	
N. RANK	113.75
BALANCE DUE	
REFUND	

REQUEST TAKEN CONFIRMED APPROVED

DATE _____ _____ _____

TIME _____ _____ CK No. _____

BY AMC _____ _____

WALK-IN Will Pick Up 12-21 300

_____ of _____ Partner(s)

	C.C. FEE.	DISBURSED
_____ Capital Express℠		
_____ Art. of Inc. File		
_____ Corp. Record Search		
✓ Ltd. Partnership File		
_____ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
_____ Art. of Amend. File		
✓ Dissolution/Withdrawal		
✓ C U S- 95		
_____ Fictitious Name File		
_____ Name Reservation		
_____ Annual Report/Reinstatement		
_____ Reg. Agent Service		
_____ Document Filing		
_____ Corporate Kit		
_____ Vehicle Search		
_____ Driving Record		
1 Document Retrieval	700001670377 -12/26/95--01036--004 *****78.75	*****78.75
_____ UCC 1 or 3 File		
_____ UCC 11 Search		
_____ UCC 11 Retrieval	700001670377	
_____ File No.'s, ____ Copies	-12/26/95--01036--005	
1 Courier Service _____	*****35.00	*****35.00
_____ Shipping/Handling		
_____ Phone ( )		
_____ Top Priority _____		
_____ Express Mail Prep. _____		
_____ FAX ( ) pgs.		
_____		
SUBTOTALS _____		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 21 PM 2:22

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

95 DEC 21 PM 2:22

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 21 PM 2:22

1. Name of Limited Partnership: Precision Partners, Ltd.

2. Business address of Limited Partnership: 715 Franklin Lane
Orlando, Florida 32801

3. Name of Registered Agent for service of process: Donald L. Moore, Jr.

4. Florida street address for Registered Agent: 715 Franklin Lane
Orlando, Florida 32801

5. Signature of Registered Agent: _____

6. Mailing address of the Limited Partnership: 715 Franklin Lane
Orlando, Florida 32801

7. The latest date upon which the Limited Partnership is to be dissolved is: January 1, 2050

8. Name and street address of General Partner: Precision Partners,Inc. 715 Franklin Lane, Orlando, Florida 32801

P95000094254

Under penalties of perjury I/We declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 15th day of December, 1995.

Signature of all General Partners:

Precision Partners, Inc.

By: _____
Donald L. Moore, Jr., President

Affidavit of Capital Contributions
For
Florida Limited Partnership

The undersigned constituting the sole General Partner of Precision Partners, Ltd., a Florida Limited Partnership, certifies:

1. That the amount of Capital Contributions to date of the Limited Partners is $10,000.00.

2. That the total amount contributed and anticipated to be contributed by the Limited Partners at this time totals $10,000.00.

Signed this 15th day of December, 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 21 PM 2:22

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I/We declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Precision Partners, Inc.

By: _____
Donald L. Moore, Jr., President

[redacted]

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -8 PM 5:01

DO NOT WRITE IN THIS SPACE mtm

1. Name of Limited Partnership
PRECISION PARTNERS, LTD.

1a. DOCUMENT #
A95000002001

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
715 Franklin Lane
Orlando, FL 32801

Principal Office Address
715 Franklin Lane
Orlando, FL 32801

2a. New Principal Office Address
000001687270
-01211296--01035--013
****217.50 ****217.50

Suite, Apt. #, etc.

City, State & Zip

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
12/21/95	N/A	Florida

5a. Capital Contributions as Shown on Record	**5b.** Amount of Capital Contributions in FLORIDA to date	**6.** FEI Number		**7.** CERTIFICATE OF STATUS REQUIRED [X]
$10,000.00	$10,000.00		X Applied For Not Applicable	[redacted]

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
Donald L. Moore, Jr.
715 Franklin Lane
Orlando, FL 32801

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 620.1051 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
Precision Partners, Inc.	715 Franklin Lane	Orlando, Florida 32801	P95000094254

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 of non-compliance with Section 119.07(3)(i) 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.

SIGNATURE _____ President DATE 1/3/96

Typed or Printed Name of General Partner Signing Form: Precision Partners, Inc., Donald L. Moore, Jr., President — Telephone Number: (407) 648-1090

CR2E003 (6/95)