

CAPITAL CONNECTION INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-0070
Mailing Address: P.O. Box 10349, Tallahassee, FL 32302

RE:

52539

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 \$ _____

RECEIVED

96 FEB -8 AM 9:30

DIVISION OF CORPORATION

TAX _____
FILING _____
R. AGENT FEE 52.50
C. COPY 35.00
TOTAL 87.50
S. BANK _____
BALANCE DUE _____
REMARK _____

BRK
2/9/96

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____
BY _____

WALK-IN 2/8 12:00
Will Pick Up _____

C.C. FEE. DISBURSED
Capital Express™ _____
Art. of Inc. File _____
Corp. Record Search _____
Ltd. Partnership File _____
Foreign Corp. File _____
() Cert-Copy(s) photo _____
Art. of Amend. File _____
Dissolution/Withdrawal _____
C U S _____
Fictitious Name File _____
Name Reservation _____
Annual Report/Restatement _____
Reg. Agent Service _____
Document Filing _____
Corporate Kit _____
Vehicle Search _____
Driving Record _____
Document Retrieval _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
File No.'s _____ Copies _____
Courier Service _____
Shipping/Handling _____
Phone () _____
Top Priority _____
Express Mail Prep. _____
FAX () _____ pgs. _____

SUBTOTALS

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

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

FOR JB PARTNERSHIP OF ST. AUGUSTINE, LTD.

FILED
ST. AUGUSTINE
DIVISION OF CORPORATIONS
95 FEB - 9 AM 11:52

The undersigned general partner, desiring to form partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.101 et seq. of the Florida Statutes, does hereby certify that:

1. The name of the limited partnership is JB Partnership OF ST. AUGUSTINE, LTD.
2. The address of the office of the limited partnership is 1009 A1A Beach Boulevard, St. Augustine, Florida 32084, and the registered agent for service of process is Katherine G. Jones, whose address is 780 N. Ponce De Leon Boulevard, St. Augustine, Florida 32084.
3. The name and business address of the sole general partner is Ocean Village Development Corporation, Inc., a Florida Corporation, 1009 A1A Beach Boulevard, St. Augustine, Florida 32084. 84600004584
4. The mailing address of the limited partnership is 1009 A1A Beach Boulevard, St. Augustine, Florida 32084.
5. The latest date upon which the limited partnership will be dissolved is December 31, 2010.
6. An affidavit setting forth the amount of the capital contributions of the limited partner and any amounts anticipated to be contributed by the limited partner is attached hereto.

IN WITNESS WHEREOF, the undersigned general partner has executed this certificate this 6th day of February, 1996.

OCEAN VILLAGE DEVELOPMENT
CORPORATION, INC., a Florida
corporation

By: [Signature]

Its President

AFFIDAVIT

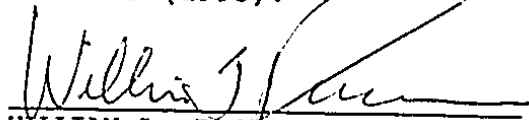
STATE OF FLORIDA

COUNTY OF ST. JOHNS

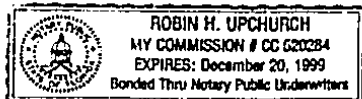
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB -9 AM 11:52

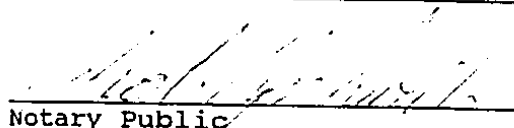
BEFORE ME, the undersigned authority, personally appeared William L. Pace, (the "Affiant"), who being by me first duly sworn, deposes and says that:

1. He is the President of Ocean Village Development Corporation, Inc., a Florida corporation, the general partner of JB Partnership of St. Augustine, a Florida limited partnership, has personal knowledge of the facts set forth in this affidavit, and is competent to testify to these facts.
2. The amount of the capital contribution to be contributed by the two limited partners to the partnership is \$450.00 each.
3. No additional capital contributions are anticipated to be contributed by the limited partners.
4. This affidavit is made and executed in compliance with Section 620.108, Florida Statutes (1995).


WILLIAM L. PACE

THE FOREGOING instrument was acknowledged before me this 6TH day of FEBRUARY, 1996, by William L. Pace, who is personally known to me or has produced _____ as identification.




Notary Public

(print or type name of notary)
My commission number _____
My commission expires _____