

CAPITAL CONNECTION, INC.
 117 E. Vine Street, Suite 100, Tallahassee, FL 32301 (904) 222-1222
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE (800) 441-8802
 FAX (904) 222-1222

No. 53089

A96000001316

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 \$ _____

TAX
 FILING _____ 1,750.00
 R. AGENT FEE _____ 35.00
 C. COPY _____ 52.50
 TOTAL _____ \$1,837.50
 V. BANK
 BALANCE DUE _____
 (PRINT)

BK

7/12/96

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN Will Pick Up 7/12/96

	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-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
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.....100001835631

-07/17/96--01002--003

DISBURSED.....***1837.50 ***1837.50

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

RECEIVED
JAN 15 1971
STATE OF FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

1. **Name of Limited Partnership.** The name of the Limited Partnership is STILL WIND FARMS OF GAINESVILLE, LTD.

2. **Office for Maintenance of Business Records.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes is 4121 N.W. 37th Place, Suite A, Gainesville, Florida 32606.

3. **Agent for Service of Process.** The name and address of the Partnership's agent for service of process in Florida is Thomas A. Robinson, 4121 N.W. 37th Place, Suite A, Gainesville, Florida 32606.

4. **General Partners.** The name and business address of each General Partner in the Limited Partnership is as follows:

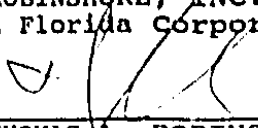
<u>NAME</u>	<u>BUSINESS ADDRESS</u>
ROBINSHORE, INC., a Florida Corporation	4121 NW 37th Place, Suite A Gainesville, FL 32606

5. **Address of Partnership.** The mailing address of the Limited Partnership is 4121 NW 37th Place, Suite A, Gainesville, Florida, 32606.

6. Date of Dissolution. The latest date on which the Limited Partnership is to dissolve is December 31, 2008.

Dated: 7-10-96
Gainesville, Florida

ROBINSHORE, INC.,
a Florida Corporation


THOMAS A. ROBINSON
General Partner

96 JUL 12 PM 10:15
RECEIVED
OFFICE
OF THE
CLERK OF THE
COURT
IN
THE
STATE
OF
FLORIDA
GAINESVILLE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of STILL WIND FARMS OF GAINESVILLE, LTD. declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

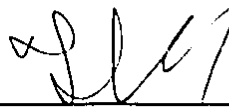
1. The Limited Partners have made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
Thomas A. Robinson	\$24,000.00
Fredric R. Shore	\$24,000.00
HG Joint Venture	\$50,000.00

2. It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
Thomas A. Robinson	\$250,000.00
Fredric A. Shore	\$250,000.00
HG Joint Venture	\$500,000.00

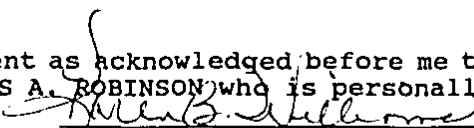
Dated: 7-10-96
Gainesville, Florida



THOMAS A. ROBINSON, President of
Robinshore, Inc.
General Partner

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument as acknowledged before me this 10th day of July, 1996, by THOMAS A. ROBINSON who is personally known to me.



Notary Public, State of Florida
at Large
My Commission Expires:



KAREN B. WILLIAMS
MY COMMISSION # CC321208 EXPIRES
October 11, 1997
BONDED THRU TROY FAIR INSURANCE, INC.