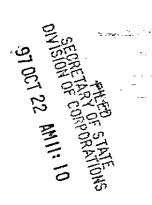
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•	FILING COVER SHEET	
REFERENCE:	0171.774	
DATE:	_22 ocT97	
CONTACT:	CINDY HICKS 5	
FROM:	CORPORATE & CRIMINAL RESEARCH SERVICES	
	103 N. MERIDIAN STREET 300023291336 TALLAHASSEE, FL 32301 ***1837.50 ***1837.50	
TELEPHONE:	222-1173	
SUBJECT:	THE MArtha H. Davis Family	
STATE FEES PREPAID	WITH CHECK # 138497 FOR \$ 1,837 FOTAL 1832.50 BALANCE DUE	
PLEASE FILE:	BK (0/22/97	
() ARTICLES OF INC.	() AMENDMENT () DISSOLUTION () ANNUAL REPORT	
() QUALIFICATION	LIMITED PARTNERSHIP () ANNUAL REPORT	
() FICTITIOUS NAME	() LIMITED LIABILITY () REINSTATEMENT	
() UCC-1 PROVIDE US WITH:	() UCC-3 MY (0)22/97	
CERTIFIED COPY	() CERTIFICATE OF STATUS () STAMPED COPY	





The undersigned General Partners, desiring to form a limited partnership (the "Partnership") pursuant to the Florida Revised Uniform Limited Partnership Act (1986), Sections 620.101-620.192 of the Florida Statutes, hereby state the following:

- The name of the Partnership is "The Martha H. Davis Family Partnership, 1. Ltd."
- The address of the office of the Partnership, as referred to in Section 620.105 2. of the Florida Statutes, is 1620 Mayflower Court, Apt. A-312, Winter Park, Florida 32792-2500.
- The name and address of the agent for service of process on the Partnership 3. shall be Harry J. Davis, at 1620 Mayflower Court, Apt. A-312, Winter Park, Florida 32792-2500.
 - The names and business addresses of the General Partner are: 4.

Name

<u>Address</u>

Harry J. Davis

1620 Mayflower Court, Apt. A-312

Winter Park, Florida 32792-2500.

Robert M. Davis

3417 Oakwater Pointe Drive Orlando, Florida 32812

- The mailing address for the Partnership is 1620 Mayflower Court, Apt. A-5. 312, Winter Park, Florida 32792-2500.
- The latest date upon which the Partnership shall dissolve is December 31, 6. 2046.
- A conveyance or encumbrance of real property or any interest therein held in 7. the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by or on behalf of any General Partner. Any person dealing with the Partnership or its property shall be entitled to rely fully upon any deed, mortgage, bill of sale, contract, lease, sublease, note or other written instrument signed by or on behalf of any General Partner in the name of and/or on behalf of the Partnership.

This Certificate of Limited Partnership was executed by the General Partners this 30th day of August 1997.

GENERAL PARTNERS:

Harry L Davis

Robert M. Davis

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such designation and agree to act in such capacity, and I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

Harry J. Davis

SEPTEMBER 30. 1997

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STATE OF FLORIDA

COUNTY OF ORANGE



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared HARRY J. DAVIS and ROBERT M. DAVIS, the general partners of THE MARTHA H. DAVIS FAMILY PARTNERSHIP, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Orange County, Florida, who upon being duly sworn, certified as follows:

- The amount of the capital contributions to the Partnership made by the limited partners is \$2,836,608.00.
- The amount of additional capital contributions anticipated to be contributed 2. by the limited partners is \$0.

FURTHER AFFIANTS SAYETH NOT.

Under penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

GENERAL PARTNERS:

SEPREMBER. Date: August 30, 1997

SEPTEMBER. Date: August 30, 1997

Røbert M. Davis

September

Sworn to and subscribed before me this 307 day of August 1997, by HARRY J. DAVIS. Said person (check one) ∑ is personally known to me, □ produced a driver's license

(issued by a state of the United States within the last five (5) years) as identification, or □ produced other identification, to wit:			
Malinda L Tedrow My Commission CC619674 Expires March 15 2001	Malinda L. Jediow- Print Name: Malinda L. Tedrow Notary Public, State of Florida Commission No.: CC619674 My Commission Expires: 3-15-2001		
Sworn to and subscribed before me this 30th day of August 1997, by ROBERT M. DAVIS. Said person (check one) is personally known to me, produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or produced other identification, to wit:			
Malinda L Tedrow My Commission CC619674 Expires March 15 2001	Malinda L. Jediow- Print Name: Malinda L. Tedrow Notary Public, State of Florida Commission No.: CC 19674 My Commission Expires: 3-15-2001		

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