

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 224-1222

A9700002840

Henry Robert Reeve Family
Limited Partnership

200002381912--9
-12/24/97--01043--006
***1627.50 ***1627.50

LP 1,575.00
CERT 52.50

153

1575
52.50
1627.50

220
7
1540

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ____ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- ____ Annual Report / Reinstatement
- ____ Cert. Copy
- ____ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 DEC 24 AM 11:43

RECEIVED
97 DEC 24 AM 11:01
DIVISION OF CORPORATIONS

CERTIFICATE OF HENRY ROBERT REEVE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 24 11:43

THIS CERTIFICATE is executed on December 19th, 1997, with respect to the agreement of THE HENRY ROBERT REEVE FAMILY LIMITED PARTNERSHIP ("partnership").

1. Name. The partnership name is THE HENRY ROBERT REEVE FAMILY LIMITED PARTNERSHIP.

2. Partnership Business. The partnership business is owning, LEASING, MANAGING, AND SELLING REAL ESTATE, AND ALL OTHER RELATED ACTS. The partnership may also do all things not otherwise illegal under the laws of the State of Florida.

3. Registered Agent. The Name and post office address of the partnership's registered agent is:

Sandra T. Lynn, Esq.
830 North Krome Avenue
P. O. Box 1629
Homestead, Florida 33090

4. Partnership Address/Recordkeeping Office. The post office address of the office at which partnership records are kept is:

11 Sunset Cay Road
Key Largo, Florida 33037

5. Partner. The name and post office address of the general partner is:

Henry Robert Reeve
11 Sunset Cay Road
Key Largo, Florida 33037

6. Dissolution. The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2020.

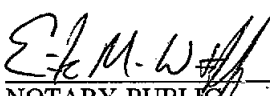
IN WITNESS WHEREOF, the undersigned sole general partner has signed and sealed this certificate, on the day and year first above written.


HENRY ROBERT REEVE, General Partner

STATE OF NEW HAMPSHIRE
COUNTY OF GRAFTON

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared HENRY ROBERT REEVE, who is known to me or who has produced DRIVER'S LICENSE as identification and who executed the foregoing and has acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 18th day of December, 1997.


NOTARY PUBLIC
PRINT NAME: ERIK M. WAGSTAFF
COMMISSION NO.: NA
COMMISSION EXPIRATION: ERIK M. WAGSTAFF, Notary Public
My Commission Expires May 23, 2002

AFFIDAVIT OF LIMITED PARTNERSHIP CONTRIBUTIONS
FOR THE HENRY ROBERT REEVE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 24 AM 11:43

STATE OF NEW HAMPSHIRE


COUNTY OF GRAFTON

BEFORE ME, the undersigned notary public, personally appeared HENRY ROBERT REEVE, as General Partner of the HENRY ROBERT REEVE FAMILY LIMITED PARTNERSHIP, who having been first duly sworn according to law, depose and say:

1. Affiant has personal knowledge of all matters set forth in this Affidavit.
2. The amount of capital contributions anticipated to be contributed by the limited partners is \$220,000, consisting of real and personal property.
3. This Affidavit is made and given by Affiants with full knowledge of applicable Florida laws regarding sworn affidavits and the penalties and liabilities resulting from false statements and misrepresentations therein.


HENRY ROBERT REEVE, General Partner

Sworn to, subscribed, and acknowledged before me this 18th day of DECEMBER, 1997.


NOTARY PUBLIC
PRINT NAME: ERIK M. WAGSTAFF
COMMISSION NO: N/A
COMMISSION EXPIRATION: _____

ERIK M. WAGSTAFF, Notary Public
My Commission Expires May 23, 2002

