BRUCE BRASHEAR
Counselor At Law

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November 17, 1997

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Secretary of State
Division of Corporations
Limited Partnership Section
P. O. Box 6327
Tallahassee, FL 32301

RE: VAN WINKLE FAMILY PARTNERSHIP, LTD.

Gentlemen:

Enclosed please find the original and one (1) copy of the Affidavit and Certificate of Limited Partnership for the above-referenced limited partnership, together with a check in the amount of $1,837.50 representing filing fees, fee for the designation of the registered agent, and fee for a certified copy of the Agreement.

Please call immediately should you require further information.

FILED
JAN -2 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Carrie P. Fagan, Legal Assistant
to Bruce Brashear, Esq.

Name Availability 12/10/97 dcc Enclosures	
Document Examiner	DCC
Updater	DCC
Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC

TC
$1,055,000.00

W97000027615

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 10, 1997

CARRIE P. FAGAN
% BRUCE BRASHEAR, COUNSELOR AT LAW
920 N.W. 8TH AVENUE, SUITE A
GAINESVILLE, FL 32601

SUBJECT: VAN WINKLE FAMILY PARTNERSHIP, LTD.
Ref. Number: W97000027615

We have received your document for VAN WINKLE FAMILY PARTNERSHIP, LTD. and your check(s) totaling $1837.50. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 397A00058247

AFFIDAVIT AND

CERTIFICATE OF LIMITED PARTNERSHIP OF

VAN WINKLE FAMILY PARTNERSHIP, LTD.
a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is VAN WINKLE FAMILY PARTNERSHIP, LTD.

2. The address of the office of the Partnership is 620 N. W. 16th Avenue, Gainesville, FL 32601.

3. The name and address of the agent for service of process on the Partnership is Helen R. Van Winkle, 620 N. W. 16th Avenue, Gainesville, FL 32601.

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4. The name and business address of the general partner is Helen R. Van Winkle Revocable Trust, 620 N. W. 16th Avenue, Gainesville, FL 32601.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The mailing address of the Partnership is Van Winkle Family Partnership, Ltd., 620 N. W. 16th Avenue, Gainesville, FL 32601.

6. The latest date upon which the Partnership shall dissolve is December 31, 2050.

7. The total amount of capital contributions to the Partnership made by the limited partners is as follows:

Helen Van Winkle Initial Limited Partner	620 N. W. 16th Avenue Gainesville, FL 32601	$1.00

8. The amount of additional capital contributions anticipated to be contributed by the limited partners is $ 1,055,000 total.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of Van Winkle Family Partnership, Ltd. this 6th day of ~~October~~ November, 1997.

GENERAL PARTNER:
HELEN R. VAN WINKLE REVOCABLE TRUST

By: Helen R. Van Winkle
HELEN R. VAN WINKLE, Trustee

STATE OF FLORIDA
COUNTY OF ALACHUA

Before me, personally appeared HELEN R. VAN WINKLE, who being first duly sworn by me, deposes and says that she is Trustee of the HELEN R. VAN WINKLE REVOCABLE TRUST, and verifies that all statements and information contained herein are true and correct.

DATED this 6 day of November, 1997.

Carrie P. Fagan
MY COMMISSION # CC607298 EXPIRES
January 8, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

(SEAL)

Notary Public
My Commission Expires:

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for VAN WINKLE FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

By: Helen R. Van Winkle
HELEN R. VAN WINKLE

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98 JAN -2 PM 12:20
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TALLAHASSEE, FLORIDA