

A98000001644

PURCELL, FLANAGAN & HAY, P.A.

1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204

MAILING ADDRESS:
POST OFFICE BOX 40749
JACKSONVILLE, FL 32203

THOMAS K. PURCELL
TIMOTHY L. FLANAGAN
JONATHAN L. HAY
HARRIS L. BONNETTE, JR.
CLARENCE F. FRAZIER
JOHN I. FISHBURNE, III

TELEPHONE
(904) 355-0355
TELECOPIER
(904) 355-0820

EMAIL
JFISHBURNE@JAXTAXLAW.COM

June 30, 1998

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

800002579318--5
-07/02/98--01070--004
***1785.00 ***1785.00

Re: **J.E.D. Family Limited Partnership**

CM

Dear Sir or Madam:

202

Enclosed please find an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions of J.E.D. Family Limited Partnership.

Please file the original of the Certificate and Affidavit, and return the copy to me stamped "filed." Enclosed is our check in the amount of \$1,785.00 computed as follows:

Filing Fee	\$1,750.00
Registered Agent Fee	35.00
TOTAL	<u>\$1,785.00</u>

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUL -2 AM 10:00

FILED

Please feel free to call if you have any questions.

Very truly yours,



Jack Fishburne

JIF/slw
Enclosures

**CERTIFICATE OF LIMITED PARTNERSHIP
AND AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF
J.E.D. FAMILY LIMITED PARTNERSHIP**

The undersigned general partners file this Certificate of Limited Partnership of **J.E.D. FAMILY LIMITED PARTNERSHIP** with the Florida Secretary of State pursuant to the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act (the "Act"), in order to form a Florida limited partnership.

.1. **NAME.** The name of the limited partnership is **J.E.D. FAMILY LIMITED PARTNERSHIP**.

.2. **PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE OFFICE AT WHICH THE RECORDS REQUIRED TO BE MAINTAINED BY THE PARTNERSHIP UNDER THE ACT ARE KEPT IS:** 101 East Town Place, Suite 200, St. Augustine, Florida 32092.

.3. **REGISTERED AGENT OF THE LIMITED PARTNERSHIP WILL BE:** James E. Davidson, Jr., whose business address is 101 East Town Place, Suite 200, St. Augustine, Florida 32092.

.4. **NAMES AND ADDRESSES OF THE CURRENT GENERAL PARTNERS OF THE PARTNERSHIP ARE AS FOLLOWS:**

NAME

ADDRESS

JAMES E. DAVIDSON, JR.

101 East Town Place, Suite 200
St. Augustine, Florida 32092

SHARON P. DAVIDSON

101 East Town Place, Suite 200
St. Augustine, Florida 32092

.5. **THE EFFECTIVE DATE OF THIS LIMITED PARTNERSHIP SHALL BE:**
When this Certificate is filed with the Secretary of State.

.6. **THE LATEST DATE UPON WHICH THE LIMITED PARTNERSHIP IS TO BE DISSOLVED AND ITS AFFAIRS WOUND UP WILL BE:** December 31, 2048.

.7. **CONTRIBUTIONS AND ANTICIPATED CONTRIBUTIONS OF LIMITED PARTNERS:** The limited partners will make initial capital contributions for their partnership interest of \$3,500,000 and it is anticipated that the limited partners may make additional capital

FILED
98 JUL -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

contributions of up to \$16,500,000. The total amount anticipated to be contributed by the limited partners is \$20,000,000.

.8. **AFFIRMATION**. Each general partner hereby acknowledges that pursuant to the Act:

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

.8.2 The general partners accept the liability imposed by the Act on the general partners for a false statement contained in this certificate; and

.8.3 If, after the execution of this certificate a general partner knows that any arrangement or other fact described in this certificate has changed, making the statement inaccurate in any material respect, the general partner will forthwith cause this certificate to be canceled or amended, or file a petition for its cancellation or amendment pursuant to the terms of the Act.

EXECUTED as of this 26th of June, 1998.

GENERAL PARTNERS


JAMES E. DAVIDSON, JR.


SHARON P. DAVIDSON

FILED
98 JUL -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 48.091 and 620.105 Florida Statutes, the following is submitted:

J.E.D. FAMILY LIMITED PARTNERSHIP, desiring to organize or qualify under the laws of the State of Florida hereby designates **JAMES E. DAVIDSON, JR.** as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 101 East Town Place, Suite 200, St. Augustine, Florida 32092.

DATED this 26th day of June, 1998.

GENERAL PARTNERS



JAMES E. DAVIDSON, JR.



SHARON P. DAVIDSON

Having been named as registered agent to accept service of process for the above stated limited partnership, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 26th day of June, 1998.



JAMES E. DAVIDSON, JR.

FILED
98 JUL -2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA