CAPITAL COLLECTION, INC. 417 E. Virgiral Strs. 1, Stre 1, of the sase floor 1, e. (850) 224-84 180 180 2 8062 FR (10 227 27)

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Limited	Partners hip

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	Fictitious Name File
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	Merger File
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	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 9
	UCC 1 or 3 File Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	UCC 11 Search
•	UCC 11 Retrieval

Courier

CERTIFICATE OF LIMITED PARTNERSHIP OF

THE ELDREDGE RANCH LIMITED PARTNERSHIP A Florida Limited Partnership

The undersigned makes the following declaration of information for the purpose of forming THE ELDREDGE RANCH LIMITED PARTNERSHIP under the Florida Revised Uniform Partnership Act:

- 1. Name. The name of this Limited Partnership is THE ELDREDGE RANCH LIMITED PARTNERSHIP.
- 2. <u>Business</u>. The purpose of the Partnership's business is to own, acquire, sell, manage and lease investment property of any type, kind or description, including marketable securities and real estate, and to do all other things necessary, proper, convenient or advisable in connection therewith.
- 3. <u>Principal Place of Business and Location of Records</u>. The location of the principal place of business of the Partnership is 1712 Parnell Road, Zolfo Springs, Florida 33890, at which place the records shall be maintained.
- 4. <u>Registered Agent</u>. The name and address of the registered agent for service for this Limited Partnership is Robert A. White, c/o Dunwody White & Landon, P.A., 550, Biltmore Way, Suite 810, Coral Gables, Florida 33134, and who acknowledges by his signature hereunder that he accepts such designation.
- 5. <u>The General Partner</u>. The name and business address of the General Partner is Eldredge Ranch, Inc., 1712 Parnell Road, Zolfo Springs, Florida 33890.
- Pপ্রতিতি তাম্বর্ধার্ট 6. Mailing Address. The mailing address of the Limited Partnership is c/o Eldredge Ranch, Inc., 1712 Parnell Road, Zolfo Springs, Florida 33890.
- 7. <u>Term.</u> The Partnership shall begin at the time of the filing of the certificate of Limited Partnership with the Department of State and shall liquidate and dissolve on the 35th anniversary of the date of THE ELDREDGE RANCH LIMITED PARTNERSHIP

AGREEMENT, unless terminated or dissolved earlier or extended by written agreement majority of the Partners.

Affidavit of the Amount of Capital Contributions. The amount of capital 8. contributions of each limited partner and the amount of capital contributions anticipated by the limited partners is described in the Affidavit attached as Schedule A.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the day of May, 1999.

Witnesses

GENERAL PARTNER:

ELDREDGE RANCH, INC.

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent for the above-referenced Florida Limited Partnership at the above-designated Registered Office, the undersigned hereby accepts the appointment, and agrees to comply with the provisions of Chapter 620 et seq., Florida Statutes, as amended from time to time, concerning the obligations of registered agents.

Executed this _____ day of Mey, 1999.

SCHEDULE A

THE ELDREDGE RANCH LIMITED PARTNERSHIP

AFFIDAVIT OF THE AMOUNT OF THE CAPITAL CONTRIBUTIONS OF THE LIMITED PARTNERSHIP, AND ANY AMOUNT ANTICIPATED TO BE CONTRIBUTED BY THE LIMITED PARTNERS

The undersigned presents this Affidavit, given under oath, to affirm the following:

1. The amount of the capital contributions to date by the Limited Partners is \$-0-

2. The amount anticipated to be contributed by the Limited Partners at this time totals \$5,000,000.

By: Mile Ullele Missident

By: Alfried T. Eldredge, III, President

) SS:		
COUNTY OF MARTIN)		4
			. 9/14
The foregoing instru	iment was acknow	ledged before me on th	nis <u> 26′</u> day of May, 1999,
by Alfred T. Eldredge, III	, the President o	<u> ELDREDGE</u> RANCI	H, INC., on behalf of said
corporation, and said indi	vidual is persona	lly known to me (ye	es) (no) or has produced
	as identification	to me, and who acknow	owledged execution of the
foregoing instrument.			
		marie (Lon
		Notary Public, St	
		Noma: MAA	t HIMM

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STATE OF FLORIDA

(Print Name)

My Commission Expires: