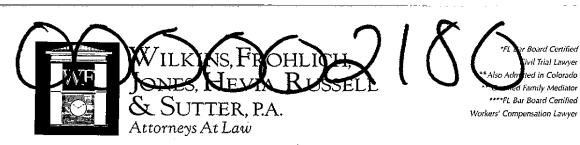


Melissa Jones OF COUNSEL



18501 MURDOCK CIRCLE, 6th FLOOR • PORT CHARLOTTE, FL 33948-1039 PHONE (941) 625-0700 • FAX (941) 625-9540 • EMAIL: wilkins@wilkinslaw.com

November 17, 1999

Corporate Records Bureau Division of Corporations Department of State P. O. Box 6327 Tallahassee, FL 32301 000003049870--3 ---11/19/99--01073--804 ***1575.00 ***1575.00

W99-26938

Re: The Schworm Family Limited Partnership

Dear Sir/Madam:

000003049870---3 -12/22/99--01065--001 *****35.00 ******35.00

Enclosed please find an original Certificate of The Schworm Family Limited Partnership, Affidavit of Capital Contributions and our check in the amount of \$1,575.00 for the filing fee of these documents. Thank you for your assistance in this matter.

Very truly yours,

WILKINS, FROHLICH, JONES, HEVIA, RUSSELL & SUTTER, P.A.

Victor G. Santiago

VGS:nle Enclosures

1.2/22



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 24, 1999

WILKINS,FROLICH,JONES,HEVIA ET AL 18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE, FL 33948-1039

SUBJECT: THE SCHWORM FAMILY LIMITED PARTNERSHIP Ref. Number: W99000026938

We have received your document for THE SCHWORM FAMILY LIMITED PARTNERSHIP and check(s) totaling \$1575.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 199A00056045

CERTIFICATE OF THE SCHWORM FAMILY LIMITED PARTNERSHIP

THIS CERTIFICATE is executed on <u>November 4</u>, 1999 with respect to the agreement of The Schworm Family Limited Partnership ("the partnership").

- 1. Name. The partnership's name is The Schworm Family Limited Partnership.
- 2. <u>Partnership's Business.</u> The partnership's business is owning, developing, 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 and Principal Place of Business. The name and post office address of the partnership's registered agent is Earl Schworm, General Parties 13800 Gasparilla Road, Placida, FL 33946.
- 4. General Partners. The name and post office address of the general partners are:

Earl Schworm P.O. BOX 519 Placida, FL 33946-0519

LaVohn Schworm P.O. BOX 519 Placida, FL 33946-0519

5. <u>Date for Dissolution.</u> The latest date on which the limited partnership is to be dissolved and its affairs wound up is November 6, 2034.

IN WITNESS WHEREOF, the undersigned general partners have signed and sealed this certificate, on the day and year first above written.

	Facts. Schwoun
	Earl Schworm, General Partner
	LaVohn Schworm, General Partner
	99 SEC TALL
STATE OF FLORIDA COUNTY OF CHARLOTTE	FILE RETARY OF AHASSEE
SWORN to and subscribed before me this day of day of to	
	tanda autou Engand
OFFICIAL NOTARY SEAL PAMELA TAMBEAU ENGLAND NOTARY PUBLIC STATE OF FLORIDA	Notary Public - State of Florida
COMMISSION NO. CC833266 MY COMMISSION EXP. MAY 5,2003	(Print, type, or stamp Commissioned Name of Notary Public)
Personally knownOR	Produced identification
Type of Identification Produced:	orida Urivers Licensey

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of The Schworm Family Limited Partnership, executed the supplemental affidavit filed pursuant to Florida Statutes 620.108.

The total amount of the anticipated capital contributions of the limited partners is \$225,000.00.

THIS 13th day of November, 1999.

FURTHER AFFIANT SAYETH NOT.

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

STATE OF FLORIDA COUNTY OF CHARLOTTE The foregoing instrument was acknowledged before me this Marender, 1999, by EARL SCHWORM and LAVOHN SCHWORM, general partners of The Schworm Family Limited Partnership. They are personally known to me or have produced _____ Personally Known as identification.

Print Name: <u>FUNICE G. ALBR. TTON</u>

My commission expires:

(Affix Seal)

EUNICE G ALBRITTON