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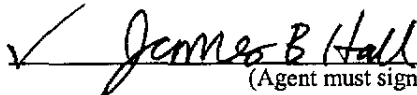
05/19/03--01054--021 **113.75

03 MAY 19 AM 9:00

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5/23
[Signature]

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. R.M. Hall Family, L.P. (Limited Partnership)
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. Georgia 4. March 19, 1996
(State of Formation) (Date of Formation)
5. James B. Hall
(Name of Registered Agent for Service of Process)
6. 2400 W. Broward Blvd.
(Street Address of Registered Office)
- Ft. Lauderdale Florida 33312
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. 4334 Val North Drive
Valdosta, GA 31602
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|------------------------------|---|
| <u>Robert M. Hall</u> | <u>4334 Val North Drive, Valdosta, GA 31602</u> |
| _____ | _____ |
| _____ | _____ |
10. 4334 Val North Drive, Valdosta, GA 31602
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

TALLAHASSEE, FLORIDA

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12. 4334 Val North Drive

Valdosta, GA 31602

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 12 day of MAY 2003

✓ Rmishu

General Partner

STATE OF Georgia

COUNTY OF Lowndes

On this 12th day of May, 2003

R. m. Hall

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

M. P. Collins
(Notary Public Signature)

MAUREEN P. COLLINS
(Notary's Printed Name)

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03 MAY 19 AM 9:00
TALLAHASSEE, FLORIDA

Seal

My Commission Expires: _____

Notary Public, Lowndes County, Georgia
My Commission Expires June 18, 2004

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Robert M. Hall
a general partner of R.M. Hall Family, L.P., a (an)
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 419,935.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 12 day of May 2003.

R.M. Hall
General Partner

STATE OF Georgia
COUNTY OF Lowndes

On this 12th day of May, 2003

R.M. Hall, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Maureen P. Collins
(Notary Public Signature)

Maureen P. Collins
(Notary's Printed Name)

Seal

My Commission Expires: Notary Public, Lowndes County, Georgia
My Commission Expires June 18, 2004

FILED
03 MAY 19 AM 9:00
TALLAHASSEE, FLORIDA