

A08000000517

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000131184 3)))



H080001311843ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

RECEIVED
08 MAY 16 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP

PBM FAMILY LIMITED PARTNERSHIP, L.L.L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

FILED
08 MAY 16 AM 9: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. PBM FAMILY LIMITED PARTNERSHIP, L.L.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 5 Stonegate Drive
(Street address of initial designated office)

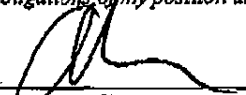
Belleair, Florida 33756

3. Alan S. Gassman
(Name of Registered Agent for Service of Process)

4. 1245 Court Street, Suite 102
(Florida street address for Registered Agent)

Clearwater, Florida 33756

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 5 Stonegate Drive
(Mailing address of initial designated office)

Belleair, Florida 33756

7. If limited partnership elects to be a limited liability limited partnership, check box

FILED
08 MAY 16 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Patricia B. Morgan

5 Stonegate Drive

Belleair, Florida 33756

Patricia B. Morgan, Trustee

5 Stonegate Drive

Belleair, Florida 33756

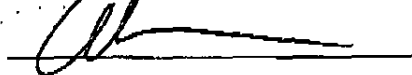
FILED
08 MAY 16 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

9. Effective date, if other than the date of filing: _____

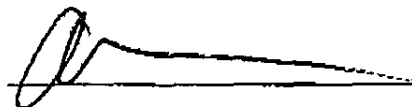
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 16 day of May, 2008

Signature of each general partner:



Alan S. Gassman, as Authorized Representative for Patricia B. Morgan, General Partner



Alan S. Gassman, as Authorized Representative for Patricia B. Morgan, as Trustee of the Patricia B. Morgan Revocable Trust dated 12/21/06, as Restated and Amended 5/6/08, General Partner

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75