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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

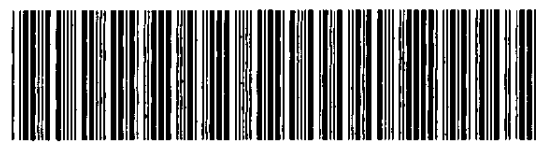
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
08 JUN 19 PM 1:17

J. BRYAN  
JUN 20 2008  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HSH RE VP LAND, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Lothar Estein

(Contact Person)

Estein & Associates USA, Ltd.

(Firm/Company)

4705 S. Apopka-Vineland Road, Suite 201

(Address)

Orlando, Florida 32819

(City, State and Zip Code)

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For further information concerning this matter, please call:

Lothar Estein

(Name of Contact Person)

at ( 407 ) 909-2200

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)  \$1,008.75 Filing Fees and Certificate of Status  \$1,052.50 Filing Fees and Certified Copy  \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

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1. HSH RE VP LAND, LTD.

(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 Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 4705 S. Apopka-Vineland Road, Suite 201

(Street address of initial designated office)

Orlando, Florida 32819

3. Lothar Estein

(Name of Registered Agent for Service of Process)

4. 4705 S. Apopka-Vineland Road, Suite 201

(Florida street address for Registered Agent)

Orlando, Florida 32819

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. 4705 Apopka vineland Road, Suite 201

(Mailing address of initial designated office)

Orlando, Florida 32819

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

8. Name and business address of each general partner:

Name:

Business Address:

UST VP Land, LLC

4705 S. Apopka-Vineland Road, Suite 201

#L07000104302

Orlando, Florida 32819

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9. Effective date, if other than the date of filing: On 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 X 16<sup>th</sup> day of June, 2008

Signature of each general partner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UST VP LAND, LLC  
By: [Signature]  
Lothar Estein, Manager

**Filing Fees:** \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75