

A 10000000856

(Requestor's Name)

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PICK-UP WAIT MAIL

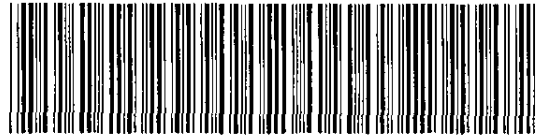
(Business Entity Name)

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12/27/10--01002--003 **1052.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 DEC 23 PM 3:05

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B. KOHR
DEC 23 2010
EXAMINER

10 DEC 23 PM 3:17

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DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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CONTACT: KATIE WONSCH

DATE: 12/23/2010

REF. #: 000176.138786

CORP. NAME: LOFTON ISLAND HOLDINGS LLLP

- | | | |
|------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 537845 FOR \$ 1052.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
LOFTON ISLAND HOLDINGS LLLP
(a Florida limited liability limited partnership)**

Pursuant to the provisions of Section 620.1201 of the Florida Statutes, the undersigned, being the sole General Partner of Lofton Island Holdings LLLP, hereby duly executes and files with the Florida Department of State this Certificate of Limited Partnership.

1. The name of the limited partnership is Lofton Island Holdings LLLP (the "**Limited Partnership**").

2. The street and mailing address of the Limited Partnership's initial designated office in the State of Florida is 912 Channelside Drive, Tampa, Florida 33602.

3. The name of the Limited Partner's initial registered agent is NRAI Services, Inc. and the street address of the initial registered agent is 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.
L10000130858

4. The name of the Limited Partnership's sole general partner is Lofton Island GP LLC, and the business address of such general partner is 912 Channelside Drive, Tampa, Florida 33602.

5. The Limited Partnership shall be a limited liability limited partnership.

[SIGNATURE ON THE FOLLOWING PAGE]

IN WITNESS WHEREOF, the sole General Partner of has executed the foregoing Certificate of Limited Partnership in accordance with Section 620.1204 of the Florida Statutes.

LOFTON ISLAND GP LLC

By: *Stanley Jacobs Jr.*
Name: Stanley Jacobs Jr.
Title: Authorized Representative

Acceptance of Appointment of Registered Agent

Having been named the statutory registered agent of Lofton Island Holdings LLLP, at the place designated in the foregoing Certificate of Limited Partnership of Lofton Island Holdings LLLP, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.1114 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

NRAI SERVICES, INC.

By: Katie Wonsch

Name: Katie Wonsch

Title: Assistant Secretary

Date: 12/23/2010