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TO:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone : (305)789-3200 : (305)789-4137 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

jmorrow@integrafl.com Email Address:

## FLORIDA/FOREIGN LP/LLLP HIBISCUS GROVE, LP

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

(Name of Limited Partnership or Limited Liebility Limited Partnership, which must include suffix) Acceptable Limited Partnership 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 LLL.P.					
1580 Sawgrass Corporate Parkway, Suite 100, Ft. Lauderdale, FL 33323					
(Street address of initial designated office)					
Interurban, LLC					
(Name of Registered Agent for Service of Process)					
150 SE 2nd Avenue, Suite 800, Miami, FL 33131					
(Florida street address for Registered Agent)					
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and occept the obligations of my position as registered agent.					
Signature of Registered Agent					
150 SE 2nd Avenue, Suite 800, Miami, PL 33131					
(Mailing address of initial designated office)					
If limited partnership elects to be a limited liability limited partnership, check box .					

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