

A05000060350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

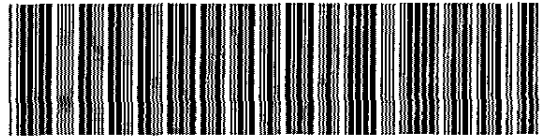
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RECEIVED
05 FEB 14 AM 11:44
DEPT. OF STATE
OFFICE OF THE SECRETARY
TALLAHASSEE, FLORIDA
FILED
05 FEB 14 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 14, 2005

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 FEB 14 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6300205 SO
Customer Reference 1: 214 740-8622
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

~~Benton Grand Navarre GP, LLC (FL)~~
~~Formation~~
~~Florida~~

~~Benton Grand Navarre GP, LLC (FL)~~
~~Certificate of Status Domestic~~
~~Florida~~

~~Benton Grand Navarre GP, LLC (FL)~~
~~Call 800-235-8888~~
~~Florida~~

Benton Grand Navarre, LP (FL)
Formation
Florida

Benton Grand Navarre, LP (FL)
Cert Copy of Certificate of LP
Florida

File
Second
Please

Benton Grand Navarre, LP (FL)
Certificate of Status-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

FILED
05 FEB 14 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. Benton Grand Navarre, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4481 Legendary Drive, Suite 100, Destin, Florida 32541
(Business address of Limited Partnership)
3. Robert T. Cozcan
(Name of Registered Agent for Service of Process)
4. 4481 Legendary Drive, Suite 100, Destin, Florida 32541
(Florida street address for Registered Agent)
Robert T. Cozcan
5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 4481 Legendary Drive, Suite 100, Destin, Florida 32541
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: February 8, 2105
8. Name(s) of general partner(s): _____ Street address: _____

Benton Grand Navarre GP, LLC

4481 Legendary Drive, Suite 100, Destin,

Florida, 32541

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7th day of February, 2005.

Signature of all general partners:

Benton Grand Navarre, GP, LLC

General Partner

General Partner

By: _____

General Partner

General Partner

General Partner

General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Benton Grand Navarre, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000.00.

Signed this 7th day of February, 2005.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

Benton Grand Navarre GP, LLC

By:



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner