

A05000001881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

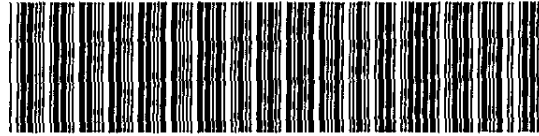
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



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10/10, 05--01025--017 **1846.25

FILED

05 OCT 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF REGISTRATION

05 OCT 10 AM 11:49

115-1111111

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED
05 OCT 10 PM 1:46
SEC. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- NRE OF INDIAN RIVER, LTD., LLLP

2-

3-

4-

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

NRE OF INDIAN RIVER, LTD., LLLP
CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned General Partner hereby executes and acknowledges this Certificate of Limited Liability Limited Partnership for the purpose of forming a limited liability limited partnership under Chapter 620, Florida Statutes, entitled, "Florida Revised Uniform Limited Partnership Act".

ARTICLE I
Name/Limited Liability

This Partnership shall be a limited liability limited partnership and shall be known as:

NRE OF INDIAN RIVER, LTD., LLLP

ARTICLE II
Principal Office and Mailing Address

The address of the principal office and mailing address shall be:

800 8th Street
Vero Beach, FL 32962

ARTICLE III
Purpose

The purpose of the Partnership is to hold, manage and acquire land, securities, promissory notes and tangible personal property (the "Property") and to invest and reinvest the assets of the Partnership, and otherwise to manage and hold the Property for investment. To this end, the Partnership shall have the power to purchase or otherwise acquire, develop, own, hold, improve, manage, mortgage, lease, exchange and sell or otherwise dispose of and deal with the Property, or any part thereof; to incur indebtedness, whether secured or unsecured, for any of such purposes; and to do any and all other acts or things that may be necessary, incidental or convenient to carry on the business of the Partnership, as the General Partner may determine from time to time.

ARTICLE IV
General Partner

The name and address of the General Partner of this Limited Liability Limited Partnership shall be:

REAL ESTATE & MANAGEMENT GROUP, INC.
800 8th Street
Vero Beach, FL 32962

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TALLAHASSEE, FLORIDA

ARTICLE V
Terms and Dissolution

This Limited Partnership shall commence on the date of filing and acceptance of this Certificate of Limited Partnership and shall continue in existence until December 31, 2104.

ARTICLE VI
Contributions

The initial contributions of the Limited Partners consist of the amount of cash and the agreed value of other property as described on the Affidavit of Contributions attached hereto.

ARTICLE VII
Additional Contributions

Each Limited Partner may (but shall not be obligated to) make such additional contributions to the capital of the Limited Partnership as may from time to time be agreed upon by the General Partner.

ARTICLE VIII
Registered Agent

The name and address of the Registered Agent of this Limited Partnership shall be:

JOHN G. EVANS, ESQUIRE
1565 US Highway 1
Sebastian, FL 32958

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.

GENERAL PARTNER:

Signed this 7 day of October 2005.

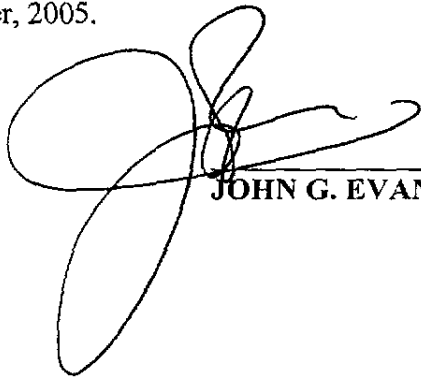
**REAL ESTATE & MANAGEMENT
GROUP, INC., a Florida corporation**

By: William B. Mills
WILLIAM B. MILLS, President

NRE OF INDIAN RIVER, LTD., LLLP
ACCEPTANCE OF SERVICE AS REGISTERED AGENT

The undersigned, **JOHN G. EVANS**, having been named as registered agent to accept service of process for the above-named Limited Liability Limited Partnership at the registered office designated in the Certificate of Limited Liability Limited Partnership, hereby agrees and consents to act in that capacity.

Dated this 7th day of October, 2005.



JOHN G. EVANS

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR NRE OF INDIAN RIVER, LTD., LLLP**

The undersigned, constituting the sole general partner of **NRE OF INDIAN RIVER, LTD., LLLP**, a Florida limited liability limited partnership, certifies:

1. The amount of capital contributions to date of the limited partners is \$1,650,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,650,000.00.

Signed this 7 day of October, 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.

GENERAL PARTNER

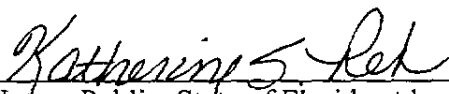
**REAL ESTATE & MANAGEMENT
GROUP, INC., a Florida corporation**

By: 
WILLIAM B. MILLS, President

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

THE FOREGOING INSTRUMENT was acknowledged before me this 7 day of October, 2005, by WILLIAM B. MILLS, as President of REAL ESTATE & MANAGEMENT GROUP, INC., a Florida corporation, for NRE OF INDIAN RIVER, LTD., LLLP, a Florida limited liability limited partnership, who is personally known to me and/or who produced driver's license as identification.


Notary Public, State of Florida at large

