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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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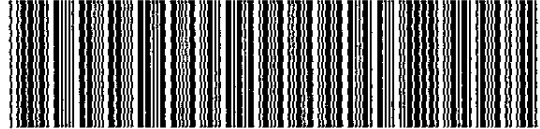
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01/03/06--01032--012 \*\*1000.00

EFFECTIVE DATE

1/3/06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN -3 PM 4:43

APPROVED  
AND  
FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tomoka Hedge Fund 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:

Robert E Landry

(Contact Person)

Tomoka Capital Management LLC

(Firm/Company)

1316 Wicklow Lane

(Address)

Ormond Beach, FL 32174-2807

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert E Landry

(Name of Contact Person)

at ( 386 ) 672-0470

(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

CR2E030 (01/06)

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

**EFFECTIVE DATE**  
1/3/02

1. Tomoka Hedge Fund 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 Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

2. 1316 Wicklow Lane

(Street address of initial designated office)

3. Robert E Landry

(Name of Registered Agent for Service of Process)

4. 1316 Wicklow Lane

(Florida street address for Registered Agent)

Ormond Beach, FL 32174-2807

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. 1316 Wicklow Lane

(Mailing address of initial designated office)

Ormond Beach, FL 32174-2807

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

8. Name and business address of each general partner:

Name: LO6000000898  
Tomoka Capital Management LLC

Business Address:  
1316 Wicklow Lane  
Ormond Beach, FL 32174-2807

9. Effective date, if other than the date of filing: January 3, 2006

*(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 30th day of December, 2005

Signature of each general partner:

TOMOKA CAPITAL MANAGEMENT LLC BY *Walter E. Lowery, Mgr*

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED