

A060000000138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

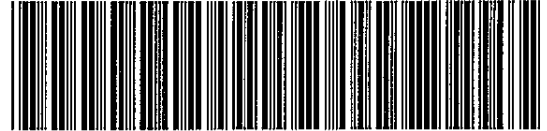
(Document Number)

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06 JAN 26 AM 11:36
2006 JAN 26 PM 1:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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2006 JAN 26 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Cypress Maples II, LTD
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CYPRESS NAPLES II, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: Cypress Naples II, Ltd.
2. Business Address of Limited Partnership: 1515 S. Federal Highway, Suite 102, Boca Raton, FL 33432.
3. Name of Registered Agent: Robert S. Forman, Esquire
4. Address of Registered Agent: 2101 West Commercial Blvd., Suite 2800, Fort Lauderdale, FL 33309.
5. Signature of Registered Agent: 
6. Mailing Address of Limited Partnership: 1515 South Federal Highway, Suite 102, Boca Raton, FL 33432.
7. Duration: The Limited Partnership shall have perpetual existence.
8. Name of General Partner(s): ^{LLC} Parkland Naples II, ~~Ltd.~~ Specific Address: 1515 South Federal Highway Suite 102 Boca Raton, FL 33432

L06000009211

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

Signed this 25 day of January, 2006.

Signature of all general partners:

Parkland Naples II, LLC, a Florida limited liability company

By: Parkland Naples II Manager, Corp., a Florida corporation
Its Manager

BY: 
Harold L. Tomlinson, President