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SECOLOGICAL STATE

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(((H06000021275 3)))

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From:

Account Name : BUTZEL LONG
Account Number : 105147001567
Phone : (561)368-2151
Fax Number : (561)368-4668

## FLORIDA/FOREIGN LP/LLP

The Lillian B. Sims Family, LLLP

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AL

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2005 JAN 27 A 10: 11





January 26, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUTZEL LONG

SUBJECT: THE LILLIAN B. SIMS FAMILY, LLLP

REF: W06000003947

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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Agnes Lunt Document Specialist FAX Aud. #: B06000021275 Letter Number: 706A00005631

P.O BOX 6327 - Tallahassee, Flonda 32314

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## CERTIFICATE OF LIMITED PARTNERSHIP 1006 JAN 27 A 10:11 FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

ı. The Lillian B. Sims Family, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffices: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
Butzel Long, P.C., 1200 North Federal Highway, Suite 420     (Street address of initial designated office)
Boca Raton, FL 33432
3. John J. Raymond, Jr.
(Name of Registered Agent for Service of Process)
4. Butzel Long, P.C., 1200 North Federal Highway, Suite 420
(Florida street address for Registered Agent)
Boca Raton, FL 33432
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 an accept the obligations of my position as registered agent.
John Reumanic Ja. Signature of Registered Agent
6. c/o Butzel Long, P.C., 1200 North Federal Highway, Suite 420
(Mailing address of initial designated office)
Boca Raton, FL 33432
7. If limited partnership elects to be a limited liability limited partnership, check box

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	and the second s
8. Name and business address of each go Name:	Business Address:
Sandra S. Millspaugh	95 Pinkerton Corner 2005 JAN 27 A 10: 11
	Fairview, NC 28730 TALL MEDIA CORDA
David L. Millspaugh	95 Pinkerton Corner
	Fairview, NC 28730
1	
9. Effective date, if other than the date of filing:	-
(Effective date cannot be prior to nor mo- filed by the Florida Department of State.)	re than 90 days after the date the document is
Signed this 24 th day of	
Signature of each general partner:	Dail Millando
Sandra Millspaugh	David L. Millspaugh
Filing Fees: \$1,0 Certified Copy (optional): \$52 Certificate of Status (optional): \$8.7	

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