

A060000000596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

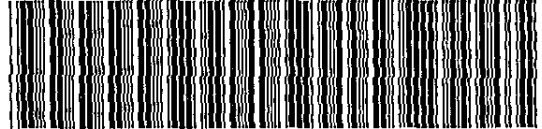
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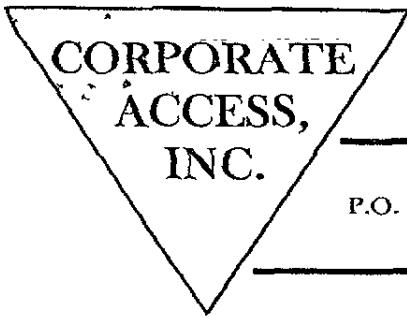
05/01/06--01008--014 \*\*1052.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 MAY -2 PM 4: 00

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TALLAHASSEE, FLORIDA



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
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## WALK IN

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5/1



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2006 MAY -2 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. TSCPR Family Partnership #10, Ltd., S.E.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2006

CORPORATE ACCESS, INC

SUBJECT: TSCPR FAMILY PARTNERSHIP #10, LTD., S.E.  
Ref. Number: W06000020199

FILED  
2006 MAY -2 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TSCPR FAMILY PARTNERSHIP #10, LTD., S.E. and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The effective date cannot be prior to 05/01/06, the date received by this office.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 006A00030456

RECEIVED  
05 MAY -2 AM 10:32  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FL  
Corrected  
Thanks  
Gina

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

2005 MAY -2 PM 4:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. TSCPR Family Partnership #10, Ltd., S.E.

(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. 5858 Central Avenue

(Street address of initial designated office)

St. Petersburg, FL 33707-1728

3. Craig Sher

(Name of Registered Agent for Service of Process)

4. 5858 Central Avenue

(Florida street address for Registered Agent)

St. Petersburg, FL 33707-1728

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. 5858 Central Avenue

(Mailing address of initial designated office)

St. Petersburg, FL 33707-1728

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

8. Name and business address of each general partner:

Name:

Business Address:

TSCPR Florida, Inc.

5858 Central Avenue

St. Petersburg, FL 3 3707-1728

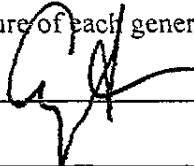
Pa 7000081031

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 11th day of April, 2006

Signature of each general partner:



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75