

ROB000000650

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

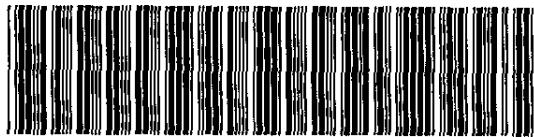
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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06 MAY -4 AM 10:01

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: FLORIDA PARTNERS TWO, LLLP**

(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:

**ERIC SIKES**

(Contact Person)

(Firm/Company)

**621 NW 53RD STREET, SUITE**

(Address)

**BOCA RATON, FL 33487**

(City, State and Zip Code)

For further information concerning this matter, please call:

**ERIC SIKES**

(Name of Contact Person)

at **( 561 ) 886-5576 X622**

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees    \$1,008.75 Filing Fees    \$1,052.50 Filing Fees    \$1,061.25 Filing Fees,  
(\$965 Filing Fee and and Certificate of and Certified Copy   Certified Copy, and  
\$35 Registered Agent Status and Certificate of Status  
Fee)

**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

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

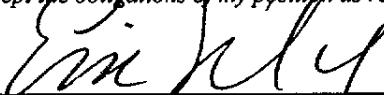
1. FLORIDA PARTNERS TWO, LLLP

(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. 621 NW 53RD STREET, SUITE 420  
(Street address of initial designated office)  
BOCA RATON, FL 33487

3. ERIC SIKES  
(Name of Registered Agent for Service of Process)  
4. 621 NW 53RD STREET, SUITE 420  
(Florida street address for Registered Agent)  
BOCA RATON, FL 33487

*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. 621 NW 53RD STREET, SUITE 420  
(Mailing address of initial designated office)  
BOCA RATON, FL 33487

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

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SECRETARY OF STATE  
FLORIDA

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8. Name and business address of each general partner:

Name:

ERIC SIKES

Business Address:

621 NW 53RD STREET, SUITE 420

BOCA RATON, FL 33487

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SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

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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 1st day of May, 2006, \_\_\_\_\_.

Signature of each general partner:

Eric Sikes

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

**Certified Copy (optional):** \$52.50

**Certificate of Status (optional):** \$8.75