

Division of Corporations

A06000000870

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)205-0383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LP/LLP

TDC Daytona Beach Limited Partnership

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7/14/2008 10:20 PAGE 001/001 Florida Dept of State



July 14, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOWNDES, DROSDICK

SUBJECT: TDC DAYTONA BEACH LIMITED PARTNERSHIP
REF: W06000031244

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 Limited Partnership cannot be its own general partner.

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) 245-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H06000179552
Letter Number: 406A00045324

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

1. TDC Daytona Beach Limited Partnership

(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 L.L.P.

2. 100 East Sybelia Avenue, Suite 225

(Street address of initial designated office)

Maitland, Florida 32751

3. Chad Hagle

(Name of Registered Agent for Service of Process)

4. 100 East Sybelia Avenue, Suite 225

(Florida street address for Registered Agent)

Maitland, Florida 32751

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. 100 East Sybelia Avenue, Suite 225

(Mailing address of initial designated office)

Maitland, Florida 32751

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

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8. Name and business address of each general partner:

Name:Business Address:

TDC DAY DEVCO, INC.

100 East Sybelia Avenue, Suite 225

P06000092904

Maitland, Florida 32751

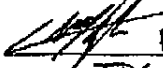
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9. Effective date, if other than the date of filing: _____

(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 13th day of July 2006

Signature of each general partner:

 President
TDC DAY DEVCO, INC.

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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