

AD6000001133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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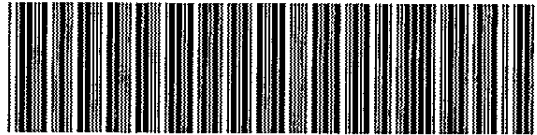
(Business Entity Name)

(Document Number)

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

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2006 SEP 28 PM 3:48

*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ITB Capital Income Fund I, Ltd.

(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:

Ashley Hersutamto

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 University Drive, Suite 311

(Address)

Coral Springs, FL 33065

(City, State and Zip Code)

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For further information concerning this matter, please call:

Ashley Hersutamto

(Name of Contact Person)

at ( 954 ) 345-6442

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees (S965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☒ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**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

CR2E030 (01/06)

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

1. ITB Capital Income Fund I, Ltd.

(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. 311 South Florida Avenue

(Street address of initial designated office)

Lakeland, FL 33801

3. Gerald Black

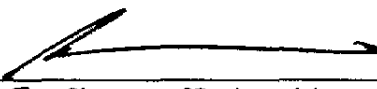
(Name of Registered Agent for Service of Process)

4. 311 South Florida Avenue

(Florida street address for Registered Agent)

Lakeland, FL 33801

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. 311 South Florida Avenue

(Mailing address of initial designated office)

Lakeland, FL 33801

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

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& BUSINESSES

8. Name and business address of each general partner:

Name:

Business Address:

ITB Capital Management, LLC

311 South Florida Avenue

Lakeland, FL 33801

L05 000077067

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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 27<sup>th</sup> day of September, 2006

Signature of each general partner:



Gerald Black, Manager, ITB Capital  
Management, LLC, GP

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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