

A06060601219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

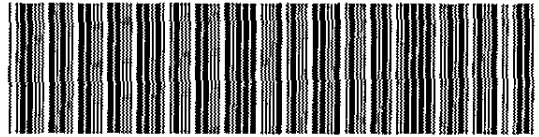
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



400080439094

10/18/06--01022--018 **1052.50

RECEIVED
DEPT. OF STATE
DIVISION OF CORPORATIONS
2006 OCT 18 AM 11:48
FILED
06 OCT 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TO ALL OF THE
SUFFICIENCY OF FILING

CORPORATE
ACCESS,
INC.

"When you need ACCESS to the world"

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP:

10/18

FILED
06 OCT 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ CERTIFIED COPY
☐ PHOTOCOPY
☐ CUS
☒ FILING

Ltd

1. 54th Avenue Development Partnership Ltd.
(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 #)

File 2nd

SPECIAL INSTRUCTIONS:

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

FILED
06 OCT 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. 54th Avenue Development Partnership, 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. 5858 Central Avenue

(Street address of initial designated office)

St. Petersburg, FL 33707

3. Gregory S. Sembler

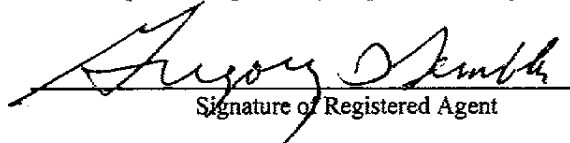
(Name of Registered Agent for Service of Process)

4. 5858 Central Avenue

(Florida street address for Registered Agent)

St. Petersburg, FL 33707

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

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:

Sembler RDGP, Inc.

5858 Central Avenue

PO6000132963

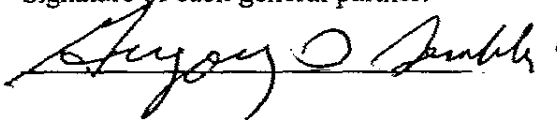
St. Petersburg, FL 33707-1728

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 10th day of October, 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