Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

from:

" Account Name : ROGERS, TOWERS, BAILEY, ET AL-

Account Number: 076666002273 Phone

: (904)398-3911

Fax Number

: (904)396-0663

FLORIDA/FOREIGN LP/LLP

Charlotte East, Ltd.

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Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Charlotte East, 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:
Jill C. Smith
(Contact Person) Rogers Towers, P.A.
(Firm/Company) 1301 Riverplace Blvd., Suite 1500
(Address) Jacksonville, Florida 32207
(City, State and Zip Code)
For further information concerning this matter, please call:
Jill C. Smith at (904) 346-5556 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$1,000.00 Filing Fees \$\times\$\$\\$1,008.75 Filing Fees \$\times\$\$\$\\$1,052.50 Filing Fees \$\times\$\$\$\\$\\$\\$1,061.25 Filing Fees, \$\times\$\$\$\$(\$965 Filing Fee and \$35 Registered Agent 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
CR2F030 (01/06)

FILED

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SECRETAKT UF STATE TALLAHASSEE, FLORIDA

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

, Charlotte East, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffices: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffices: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 2.3947 Boulevard Center Drive, Suite 5 (Street address of initial designated office) Jacksonville, Florida 32207 3 Roger W. Kellogg (Name of Registered Agent for Service of Process) 4 3947 Boulevard Center Drive, Suite 5 (Florida street address for Registered Agent) Jacksonville, Florida 32207 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 6.3947 Boulevard Center Drive, Suite 5 (Mailing address of initial designated office) Jacksonville, Florida 32207 7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of ea Name:	ch gene	ral partner: <u>Business Addre</u>	<u>ss:</u>			
Charlotte East Management Compan	y, Inc.					
P06-142735	_	Jacksonville, Florida 32207				
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9. Effective date, if other than the date of fi	ling:					
(Effective date cannot be prior to not filed by the Florida Department of S		han 90 days afte	r the date the docume	ent is		
Signed this 13 day of	Nov	ember	2006			
Signature of each general partner:	_					
,	-		1, -1 -1/-1	······		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	, •	e and \$35 Registered Age	nt Fee)		