

A06000000/326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

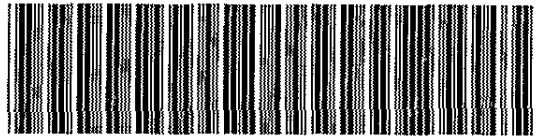
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/06--01027--013 **1008.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 15 AM 10:30

206-47714
J. BRYAN OCT 31 2006

J. BRYAN NOV 15 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RONALD L. FOGEL FAMILY LIMITED PARTNERSHIP
(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:

CLAUDE H. ESTES IV, C.P.A.
(Contact Person)

Claude H. Estes + Company, P.C.
(Firm/Company)

2117 Magnolia Ave., Ste. 200
(Address)

Birmingham, AL 35205
(City, State and Zip Code)

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For further information concerning this matter, please call:

CLAUDE H. ESTES IV, C.P.A. at (205) 930-9789
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2006

CLAUDE H. ESTES IV, C.P.A.
CLAUDE H. ESTES + COMPANY, P.C.
2117 MAGNOLIA AVE., STE. 200
BIRMINGHAM, AL 35205

SUBJECT: RONALD L. FOGEL FAMILY LIMITED PARTNERSHIP
Ref. Number: W06000047714

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 NOV 15 AM 10:30

We have received your document for RONALD L. FOGEL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A general partner must sign the document.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 706A00064459

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

06 NOV 15 AM 10:30
DIVISION OF CORPORATIONS
SECRETARY OF STATE

1. RONALD L. FOGEL FAMILY 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 LLLP.

2. 221 PARADISE POINT LANE

(Street address of initial designated office)

SANTA ROSA BEACH, FL 32459

3. RONALD L. FOGEL

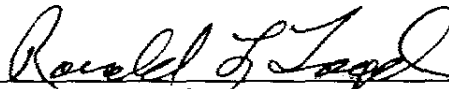
(Name of Registered Agent for Service of Process)

4. 221 PARADISE POINT LANE

(Florida street address for Registered Agent)

SANTA ROSA BEACH, FL 32459

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. 221 PARADISE POINT LANE

(Mailing address of initial designated office)

SANTA ROSA BEACH, FL 32459

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:

RONALD L. FOGEL

221 PARADISE POINT LANE

SANTA ROSA BEACH, FL 32459

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
NOV 15 AM 10:30

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 NOVEMBER 2006.

Signature of each general partner:

Ronald L. Fogel

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