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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	2
Special Instructions to	Filing Officer:	
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Office Use Only



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**1070.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lampe Family Investments, LA (Name of Florida Limited Partnership or Limit	D. ed Liability Limited Partnership)	
The enclosed Certificate of Limited Partnership and	d fees are submitted for filing.	
Please return all correspondence concerning this m	atter to:	
Karl W. Adler, Esquire		
(Contact Person)		
Adler, Tolar & Adler		
(Firm/Company)		
1700 N.E. 26 Street, Suite 4	3	1
(Address)	06	VS.
Ft. Lauderdale, Florida 33305-1	430 PC	罗
(City, State and Zip Code)		큐달.
		3₹₽
For further information concerning this matter, plea	PH PORATIO 954) 566-3237 51	HRS RPS
Karl W. Adler at ((954) 566–3237 :	
	Area Code and Daytime Telephone Number)) · :
Enclosed is a check for the following amount:		
\$1,000.00 Filing Fees \$1,008.75 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent \$1,008.75 Filing Fees \$1,008.75 Filing Fe	\$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. Lampe Family Investments, 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. 980 Shelter Bay Drive
(Street address of initial designated office)
Key Colony Beach, FL 33051
3 Donald E. Lampe
(Name of Registered Agent for Service of Process)
3. Donald E. Lampe (Name of Registered Agent for Service of Process) 4. 980 Shelter Bay Drive (Florida street address for Registered Agent)
(Florida street address for Registered Agent)
Key Colony Beach, FL 33051
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. Lande Lampse
Signature of Registered Agent
6. P.O. Box 510801, Key Colony Beach, FL 33051
(Mailing address of initial designated office)
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: 1.010000117659 Lampe Family Investments, LLC P.O. Box 510801 Key Colony Beach, FL 33051 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.) day of December, 2006 Signed this __ Signature of each general partner: Donald E. Lampe, as manager of Lampe Family Investments, LIC, the General Partner of Lampe Family Investments, LTD. Filing Fees: **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee) Certified Copy (optional): \$52.50

\$8.75

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Certificate of Status (optional):