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DEPARTMENT OF STATE
OF CORPORATION

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LJS Limited Partnership	ALLANDS PROSERVE
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File
	Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy
	Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Requested by:    12/13/06   10:08     Name   Date   Time	Fictitious Search Fictitious Owner Search  Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

OVISION OF CURPORATIONS
TALLAHASSEE, FLORIDA

December 14, 2006

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: LJS LIMITED PARTNERSHIP

Ref. Number: W06000053779

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL N OS ORC 3 PA C'S

FILE DATE.

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We have received your document for LJS LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please note that we have RETAINED your \$1,000.00 payment.

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) 245-6914.

Buck Kohr **Document Specialist** 

Letter Number: 106A00071085

**RE-SUBMIT** PLEASE OBTAIN THE ORIGINAL FLE DATE.

#### CERTIFICATE OF LIMITED PARTNERSHIP **OF** LDJS: LIMITED PARTNERSHIP

OSORC S PARS.

The undersigned, desire to form a limited partnership under the Florida Revised Uniform Limited Partnership Act as set forth in Florida Statute §620.1101 et. al., make the following certificate:

- The name of the limited partnership shall be: LDJS LIMITED PARTNERSHIP. 1.
- The Limited Partnership is created and formed for the purpose of engaging in all 2. lawful business.
- The street and mailing address, location of the office and principal place of business 3. for the limited partnership shall be 1838 GUNN HIGHWAY, ODESSA, FLORIDA 33556.
- 4. The name and business address of the general partner is LJS GENERAL, LLC, whose business address is 1838 GUNN HIGHWAY, ODESSA, FLORIDA 33556. 206000116428
  - 5. The partnership shall be perpetual.
- The registered agent and its address for service of process as required by Florida Statute §620.1114 for the limited partnership shall be:

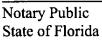
### O'CONNOR & ASSOCIATES 1250 BELCHER ROAD, SUITE 160 LARGO, FL. 33771

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.

Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

increor and that the facts stated nerem are true	, und correcti
Signed this day of DECEMBER, 2006	5.
WITNESSES:	General Partner
	LJS GENERAL, LLC, a Florida limited liability corporation as general partner
Muchelle augule E	By:
Part a. D.	CHRISTOPHER L. STEWART, its Manager

STATE OF FLORIDA	)
COUNTY OF PINELLAS	) S.S



My Commission Expires:

## **Acknowledgment of Registered Agent**

I hereby am familiar with and accept the duties and responsibilities as Registered Agent parsuant to Florida Statute §620.1114 for said Amited partnership.

By:

Patrick M. O'Connor Registered Agent