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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

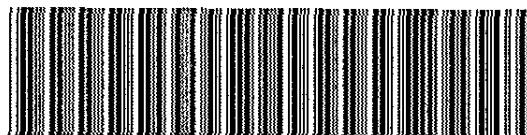
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

12/29/06

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 10:58

J. BRYAN DEC 29 2006

JOHN W. WEST III, P.A.

ATTORNEY AT LAW • BOARD CERTIFIED TAX ATTORNEY

ONE SARASOTA TOWER
2 NORTH TAMiami TRAIL, SUITE 306
SARASOTA, FLORIDA 34236

TELEPHONE 941.953.9600
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E-MAIL JWEST@JOHNWESTIII.COM
WEBSITE WWW.JOHNWESTIII.COM

ALSO ADMITTED IN WASHINGTON, D.C.



December 28, 2006

VIA FED EX DELIVERY

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 DEC 29 AM 10:58

Re: The CLJ Family Limited Partnership, L.L.L.P.

Dear Sir/Madam:

Enclosed please find a fully executed original of The CLJ Family Limited Partnership, L.L.L.P., together with our firm check number 1188 in the amount of \$1000.00 for the filing fee of the above referenced Limited Liability Limited Partnership.

After you have filed the enclosed Limited Liability Limited Partnership please return to us a faxed copy as soon as possible.

Your assistance with this matter is sincerely appreciated.

Very truly yours,

John W. West III

JWW/tcg
Enclosures

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 10:58

1. CLJ FAMILY LIMITED PARTNERSHIP, L.L.L.P.

*(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. One Sarasota Tower, 2 N. Tamiami Trail, Ste. 306

(Street address of initial designated office)

Sarasota, Florida 34236

EFFECTIVE DATE
12/29/06

3. Ray Leich

(Name of Registered Agent for Service of Process)

4. 1304 DeSoto Avenue, Suite 404

(Florida street address for Registered Agent)

Tampa, Florida 33606

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. 1304 DeSoto Avenue, Suite 404

(Mailing address of initial designated office)

Tampa, Florida 33606

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:

CLIFFORD L. JONES

1304 DeSoto Avenue, Suite 404

Tampa, Florida 33606

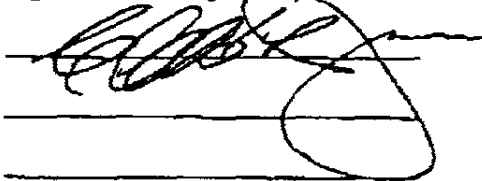
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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 DEC 29 AM 10:58

9. Effective date, if other than the date of filing: December 29, 2006

(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 28th day of December, 2006

Signature of each general partner:



Filing Fees:

\$1,000.00 (5965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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