# A07000000170

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2007

ROBERT A GUIRLINGER 201 S AMELIA AVE G-4 DELAND, FL 32724

SUBJECT: ARBOR PLACE PARTNERS, L.L.L.P.

Ref. Number: W07000003638

We have received your document for ARBOR PLACE PARTNERS, L.L.L.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any partner or agent of a partnership that is a legal or other commercial entity, and not an individual, must be organized or otherwise registered and maintain an active status with the Florida Department of State. It cannot be dissolved, revoked, canceled or withdrawn.

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) 245-6851.

Letter Number: 807A00005376

Gina McLeod Document Specialist

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Arbor Place Partners, L.L.L.P.  (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:
Robert A. Guirlinger  (Contact Person)
Central Management Company
(Firm/Company) 201 S. Amelia Ave., G-4
(Address)  DeLand, FL 32724
(City, State and Zip Code)
For further information concerning this matter, please call:
Robert A. Guirlinger at 386 740-7600
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$1,000.00 Filing Fees \$\int \\$1,008.75 Filing Fees \$\int \\$1,052.50 Filing Fees (\$\sqrt{1},061.25 Filing Fees, and Certified Copy} \text{ Certified Copy, and Certificate of Status} \$ 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

CR2E030 (01/06)

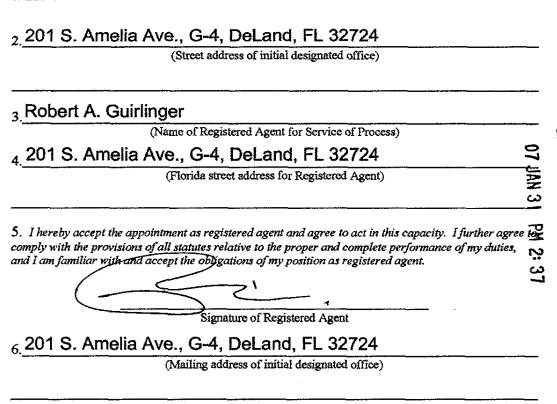
## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

## , Arbor Place Partners, 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.



7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each gene Name:	ral partner: Business Address:
Central Management Company	201 S. Amelia Ave., G-4, DeLand, FL 32724
of Ohio, Inc.	P31179
——————————————————————————————————————	
<del></del>	
9. Effective date, if other than the date of filing:	*
(Effective date cannot be prior to nor more ifiled by the Florida Department of State.)	
Signed this $17^{-14}$ day of $10^{-14}$	venter 2006
Signature of each general partner:	Robert A. Quiclinger, V.P.
	.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	•

\$8.75 Page 2 of 2