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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

MORGAN PARSONS CENTER, LLLP

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J. BRYAN FEB 26 2007

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

1. MORGAN PARSONS CENTER, LLLP

(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. 8000 North Armenia Ave, Suite E, Tampa, FL 33604-2758

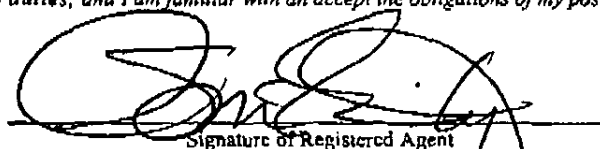
(Street address of initial designated office)

3. A. Edward McGinty

(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Blvd., Suite 2800, Tampa, FL 33602

(Florida street address for Registered Agent) *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. 8000 North Armenia Ave, Suite E, Tampa, FL 33604-2758

(Mailing address of initial designated office)

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

Limited partnership has checked box and elects to be a limited liability limited partnership.

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8. Name and business address of each general partner:

Name:Business Address:Mark S. Rosenthal and DeborahTraina Rosenthal, as tenants bythe entireties8000 North Armenia Ave, Suite ETampa, FL 33604-2758

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9. Effective date, if other than the date of filing: N/A

(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 _____ day of _____

Signature of each general partner:



Mark S. Rosenthal and Deborah Traina Rosenthal, as tenants by the entireties

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$ 52.50

Certificate of Status (optional):

\$ 8.75

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