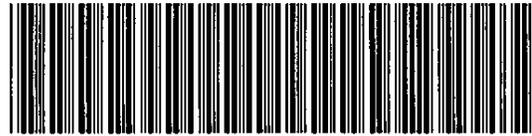


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06/11/07--01007--005 \*\*1000.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**FILED**  
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07 JUN 11 AM 10:50  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AZB FAMILY PARTNERSHIP, LLLP

(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:

John A. Sanders, Esq.

(Contact Person)

Foley & Lardner LLP

(Firm/Company)

111 North Orange Avenue, Suite 1800

(Address)

Orlando, Florida 32801

(City, State and Zip Code)

For further information concerning this matter, please call:

John A. Sanders, Esq.

(Name of Contact Person)

at ( 407 ) 423-7656

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$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

**FILED**  
 07 JUN 11 AM 10:50  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

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

**FILED**  
07 JUN 11 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. AZB FAMILY PARTNERSHP, LLLP

(Name of Limited Partuership 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. 2231 W. Highway 44

(Street address of initial designated office)

Eustis, Florida 32727

3. Thomas H. Brown

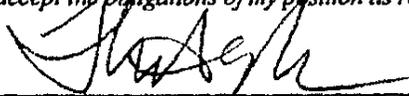
(Name of Registered Agent for Service of Process)

4. 2231 W. Highway 44

(Florida street address for Registered Agent)

Eustis, Florida 32727

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 Thomas H. Brown

6. 2231 W. Highway 44

(Mailing address of initial designated office)

Eustis, Florida 32727

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:

Caroline P. Brown Revocable Trust,

2231 W. Highway 44

Thomas H. Brown and Brenda B. Holson, Trustees

Eustis, Florida 32727

William A. Brown

106 West Stanley Street

Tampa, Florida 33604

Susan B. Gordy

1135 Overbrook Drive

Orlando, Florida 32804

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.)*

Signed this 8th day of June, 2007

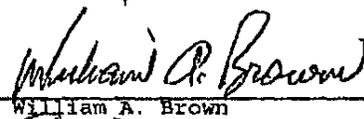
Signature of each general partner:



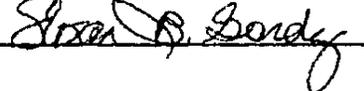
Thomas H. Brown, Trustee



Brenda B. Holson, Trustee



William A. Brown



**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**