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| (Re | questor's Name) | |
|---|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | Q. | ٥ |

Office Use Only



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SECRE LARY ST STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|------------------------------------|---|-------------|------------------|-----|
| SUBJECT: UG Gator, LP (Name of Florida Limited Partnershi | p or Limited Liabilit | y Limited Partnership | p) | | |
| The enclosed Certificate of Limited Partne | rship and fees are | e submitted for fill | ing. | | |
| Please return all correspondence concerning | g this matter to: | | | | |
| Jennifer Thenemann | | - | | | |
| (Contact Person) | | | TAL TAL | 07 | |
| UG Properties, LLC | | | L A E | | ez. |
| (Firm/Company) 120 Howard Street, Suite 450 | | HASS | 07 JUL -3 | # 12 11 11 | |
| (Address) | | • | ind ind | p: | |
| San Francisco, CA 94105 | | FLO | 12: | | |
| (City, State and Zip Code) | | • | ATE RIDA | PH 12: 57 | |
| For further information concerning this ma | tter, please call: | | | | |
| Jennifer Thenemann | _at (_415 | 707-7000 | | | |
| (Name of Contact Person) | (Area Code | and Daytime Telepho | one Numbe | r) | ٠ |
| Enclosed is a check for the following amou | int: | | | | |
| \$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 Filin and Certified Cop | | | s, | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | Registr Divisio P. O. B | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | | | |
| CR2E030 (01/06) | | | | | |

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

| 1.UG Gator, LP | | <u>.</u> . | | |
|--|-------------|------------------|--|--|
| (Name of Limited Parmership or Limited Liability Limited Parmership, which must include Acceptable Limited Parmership suffixes: Limited Parmership, Limited L.P., LP, or Ltd. Acceptable Limited Liability Limited Parmership suffixes: Limited Liability Limited Parmersh or LLLP. | | Р. | | |
| 2,120 Howard Street, Suite 450 | SEI | 07 | | |
| (Street address of initial designated office) | 22€ | | | |
| San Francisco, CA 94105 | TAS. | ا د <u>پئ</u> | | |
| 3 Business Filings Incorporated | | PH/12: 57 | | |
| (Name of Registered Agent for Service of Process) | _ E E | 5 | | |
| 4. 1203 Governors Square Boulevard, Suite 101 | | <u> </u> | | |
| (Florida street address for Registered Agent) | | | | |
| Tallahassee, FL 32301-2960 | | | | |
| 5. I hereby accept the appointment as registered opent and agree to act in this capacity. I furt comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent. | | i to | | |
| Mole Reia - Asst. Secretary | | | | |
| Business Films Incurpovaded | | | | |
| Business Filings Incurpoveded. 120 Howard Street, Suite 450 | | | | |
| (Mailing address of initial designated office) | | | | |
| San Francisco, CA 94105 | | | | |
| 7. If limited partnership elects to be a limited liability limited partnership, check box | | | | |

| 8. Name and business address of each Name: | ch general partner: <u>Business Address:</u> |
|---|--|
| UG Properties, LLC | 120 Howard Street, Suite 450 |
| | San Francisco, CA 94105 |
| | m05000000760 |
| | |
| | O7 JUL SECRE TALLAH |
| | SSET FILE |
| | 12: 57 FLORIDA |
| 9. Effective date, if other than the date of fi | iling: |
| (Effective date cannot be prior to not filed by the Florida Department of S | r more than 90 days after the date the document is tate.) |
| Signed this day of | <u>f line</u> , 2007. |
| Signature of each general partner: | |
| July Se Const | |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 |

Page 2 of 2