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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN
SEP 15 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5001 LAKEFRONT DRIVE, 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:

JEFFREY SANCHEZ

(Contact Person)

JAY ZABEL & ASSOCIATES, LTD.

(Firm/Company)

55 WEST MONROE, SUITE 3950

(Address)

CHICAGO, ILLINOIS 60603

(City, State and Zip Code)

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For further information concerning this matter, please call:

JEFFREY SANCHEZ at (312) 201-9800
(Name of Contact Person) (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

CR2E030 (01/06)

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

1. 5001 LAKEFRONT DRIVE, 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. 5001 LAKEFRONT DRIVE
(Street address of initial designated office)

TALLAHASSEE, FL 32303

3. Tanglewood Apartments, LLC
(Name of Registered Agent for Service of Process)

4. 1600 Pullen Road
(Florida street address for Registered Agent)

Tallahassee, FL 32303

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.

Jeffrey Gringoon President of
Signature of Registered Agent Tanglewood Apartments, LLC

6. Tanglewood Apartments 1600 Pullen Rd
(Mailing address of initial designated office)

Tallahassee, FL 32303

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

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8. Name and business address of each general partner:

Name:

Business Address:

IRDC FLORIDA COMPANY, INC.

5001 LAKEFRONT DRIVE

#P08000081386

TALLAHASSEE, FL 32303

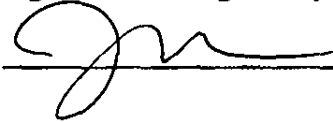
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9. Effective date, if other than the date of filing: _____

(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 14 day of OCTOBER 2008.

Signature of each general partner:



JEFF Grinspoon, as President
of IRDC Florida Company, Inc.

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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