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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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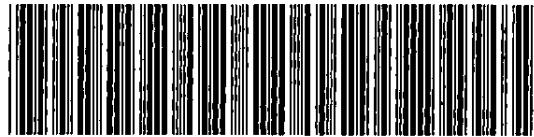
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JAN - 6 2009

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 DEC 30 PM 2:46

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2008 Graves Family Investment Partnership, Ltd.  
(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:

Charles E. Garris  
(Contact Person)

Charles E. Garris P.A.  
(Firm/Company)

819 Beachland Boulevard  
(Address)

Vero Beach, Florida 32963  
(City, State and Zip Code)

For further information concerning this matter, please call:

Charles E. Garris at (772) 231-1995  
(Name of Contact Person) (Area and Daytime Telephone Number)

Enclosed is a check for the following amount:

<u>X</u> \$1,000.00 Filing Fees ((\$965 Filing Fee and \$35 Registered Agent Fee)	<u>  </u> \$1,008.75 Filing Fees and Certificate of Status	<u>  </u> \$1,052.50 Filing Fees and Certified Copy	<u>  </u> \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
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**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

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

1. 2008 Graves Family Investment Partnership, Ltd.

(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 LLP.*

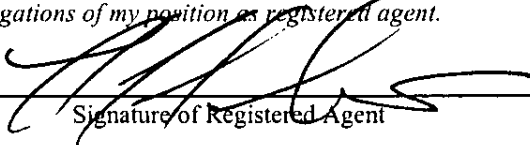
2. 1519 19<sup>th</sup> Place  
(Street address of initial designated office)

Vero Beach, Florida 32960

3. Charles E. Garris  
(Name of Registered Agent for Service of Process)

4. 819 Beachland Boulevard  
(Florida street address for Registered Agent)  
Vero Beach, Florida 32963

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

6. 819 Beachland Boulevard  
(Mailing address of initial designated office)

Vero Beach, Florida 32963

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:

Banyan Grove, Inc.  
a Florida Corporation

1519 19<sup>th</sup> Place

Vero Beach, FL 32960

448830

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 29 day of December 2008.

Signature of each general partner:

W. C. Graves, IV

W. C. Graves, IV, President  
Banyan Grove, 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**