

Division of Corporations Public Access System

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(((H09000046396 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WHWW, INC. Account Number : I20060000124

Phone

(407) 246-6584

Fax Number

: (407)645-3728

FLORIDA/FOREIGN LP/LLLP

COLONIAL CAPITAL PARTNERS, LLLP

| | Certificate of Status | 1 |
|-------|-----------------------|------------|
| ें दि | Certified Copy | 0 |
| FH . | Page Count | 03 |
| A S | Estimated Charge | \$1,008.75 |

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Colonial Capital Partners, 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: | |
| Randolph J. Rush | |
| (Contact Person) | • |
| WHWW, P.A. | |
| (Firm/Company) | |
| P.O. Box 880 | Fig |
| (Address) | LL. 29. |
| Winter Park, Florida 32790-0880 | ARE TO |
| (City, State and Zip Code) | IL SSE |
| | |
| For further information concerning this matter, please call: | <u> </u> |
| Randolph J. Rush at (407 | 423-4246 REAL CO |
| (Name of Contact Person) (Area Code a | 423-4246 E and Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$1,000.00 Filing Fees \$\infty\$\$\\$\$1,008.75 Filing Fees and \$\$1,052.50 Filing \$\text{Gent}\$\$ \$\$35 Registered Agent Fee} | |
| Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Registra Division P. O. Bo Tallahassee | NG ADDRESS: ation Section of Corporations ox 6327 assec, FL 32314 |
| CR2E030 (01/06) | |

н090000463963

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

| LColonial Capital Partners, 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. 1768 Park Center Drive, Suite 400 | 09 |
| | HAR T |
| Orlando, Florida 32835 | ا ا ا |
| 3.WHWW, Inc. | |
| (Name of Registered Agent for Service of Process) | _ |
| 4. 390 N. Orange Avenue, Suite 1500 | الرينية - |
| (Florida street address for Registered Agent) | |
| Orlando, Florida 32801 | |
| 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. 1768 Park Center Drive, Suite 400 | _ |
| (Mailing address of initial designated office) | |
| Orlando, Florida 32835 | |
| 7. If limited partnership elects to be a limited liability limited partnership, check box | |

Page 1 of 2

но90000463963

| Name: | Business Address: | |
|---|--|--------------|
| Colonial Capital Managemer | nt, LLC 1768 Park Center Drive, Suite | 400 |
| | Orlando, Florida 32835 | |
| <u> </u> | 109000020216 | |
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| | and the second | |
| | | |
| 9. Effective date, if other than the date of | f filing: | _· |
| Effective date cannot be prior to n filed by the Florida Department of | nor more than 90 days after the date the document is | |
| . 14 | of February 2009 | |
| Signature of each general partner: | / | |
| signature of each general partner. | | |
| avid Townsend, as Manager | | _ |
| colonial Capital Management, | LLC | _ |
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee | •) |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 | |
| | Page 2 of 2 | |