

JUN. 25 2009 4:39 PM NO. 696 1/1  
**A09000000440**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H090001516173)))



H090001516173ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

09 JUN 25 PM 4:54

STATE OF FLORIDA  
TALLAHASSEE

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

*File second  
the filing for the GP  
is under*

*17 090001516163*

*Heckman 72908*

**FLORIDA/FOREIGN LP/LLLP**

**GRANITE OPPORTUNITY FUND, LLLP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

**J. BRYAN**

JUN 26 2009

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. GRANITE OPPORTUNITY FUND, 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. 5150 Tamiami Trail North, Suite 402

(Street address of initial designated office)

Naples FL 34103

3. Robert T. Kleinknecht

(Name of Registered Agent for Service of Process)

4. 5150 Tamiami Trail North, Suite 402

(Florida street address for Registered Agent)

Naples FL 34103

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. 5150 Tamiami Trail North, Suite 402

(Mailing address of initial designated office)

Naples FL 34103

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

8. Name and business address of each general partner:

Name:

Granite Growth 45, LLC

#M09 000002441

Business Address:

5150 Tamiami Trail North, Suite 402,  
Naples FL 34103

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

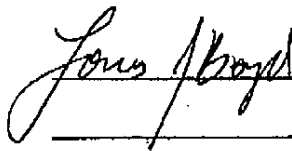
*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 25th day of June, 2009

Signature of each general partner:

Granite Growth 45, LLC

by: Louis J. Boyd, Authorized Person



**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