

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trail Boulevard, 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:

G. Helen Athan, Esq.
Contact Person

Grant, Fridkin, Pearson, Athan & Crown, P.A.
Firm/Company

5551 Ridgewood Drive, Suite 501
Address

Naples, FL 34108
City, State and Zip Code

mgarcia@barroncollier.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Helen Athan, Esq. at (239) 514-1000
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

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

1. Trail Boulevard, 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. 2600 Golden Gate Parkway, Naples, FL 34105
(Street address of initial designated office)

3. Bradley A. Boaz
(Name of Registered Agent for Service of Process)

4. 2600 Golden Gate Parkway, Naples, FL 34105
(Florida street address for Registered Agent)

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. 2600 Golden Gate Parkway, Naples, FL 34105
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Barron Collier Corporation

2600 Golden Gate Parkway

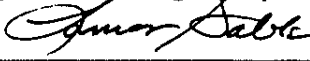
Naples, FL 34105

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 20TH day of AUGUST, 2009.

Signature of each general partner:


LAMAR GABLE

AS PRESIDENT OF BARRON
COLLIER CORPORATION

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED