

A090000000727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

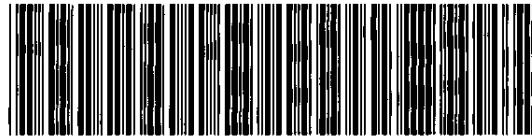
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400156016814

400156016814
09/29/09--01030--013 **1061.25

FILED
09 OCT 20 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-43674

J. BRYAN

OCT 21 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broward Apartments Associates, LP
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:

Patty Howard
Contact Person

Chesapeake Community Advisors, Inc.
Firm/Company

33 S. Gay Street, Suite 200
Address

Baltimore, Maryland 21202
City, State and Zip Code

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

For further information concerning this matter, please call:

Patty Howard at (410) 685-0936
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

FILED
09 OCT 20 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2009

PATTY HOWARD
CHESAPEAKE COMMUNITY ADVISORS, INC.
33 S. GAY STREET, SUITE 200
BALTIMORE, MD 21202

SUBJECT: BROWARD APARTMENTS ASSOCIATES, LP
Ref. Number: W09000043674

FILED
09 OCT 20 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BROWARD APARTMENTS ASSOCIATES, LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 409A00031790

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

1. Broward Apartments Associates, LP

(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. 2325 W. Shiawassee, Suite 202
(Street address of initial designated office)

Fenton, Michigan 48340

3. CT Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road
(Florida street address for Registered Agent)

Plantation, FL 33324

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.

Kathleen A. Whelley, Asst. Secretary
Signature of Registered Agent

6. 2325 W. Shiawassee, Suite 202
(Mailing address of initial designated office)

Fenton, Michigan 48340

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

FILED
09 OCT 20 AM 8:35
SECRETARY OF STATE
ALLAHAMMIE, FLORIDA

8. Name and business address of each general partner:

Name:

#F09000004081

Business Address:

Communities of Hope of
Michigan, Inc.

2325 W. Shiawassee, Suite 202
Fenton, Michigan 48340

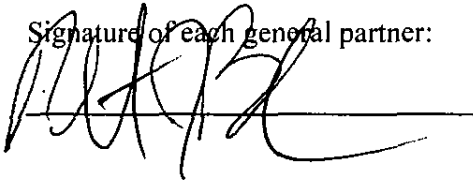
FILED
09 OCT 20 AM 8:35
SECRETARY OF STATE
SHIASHASSEE, FLORIDA

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 _____ day of _____, 2009.

Signature of each general partner:



CHAIRMAN & PRESIDENT

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75