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(((H090002404023)))



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To:

Division of Corporations

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From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number: 076666002273 Phone: (904)398-3911

Fax Number : (904)396-0663

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LP/LLLP

The Pearsall Family Limited Partnership, LLLP

	
Certificate of Status	0
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S. HAWKES NOV 1 3 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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11/12/2009

H09000240402

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

LIMITED LIABILITY LIMITED PARTNERSHIP	0
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THE DEADCALL FAMILY HAITED DARWING HIS LLID	
I. THE PEARSALL FAMILY LIMITED PARTNERSHIP, LLLP	經って
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)	物物
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.	19 3 O
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.	P. 100 19
or LLLP.	
	ign.
2. 3729 FALLON OAKS DRIVE	_
(Street address of initial designated office)	,
JACKSONVILLE, FLORIDA 32277	
3 DONALD C. WRIGHT	
(Name of Registered Agent for Service of Process)	_
4, 1301 RIVERPLACE BOULEVARD, SUITE 1500	
(Florida street address for Registered Agent)	
JACKSONVILLE, FLORIDA 32207	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.	: to
- Company	
Signature of Registered Agent	•
63729 FALLON OAKS DRIVE	
(Mailing address of initial designated office)	
JACKSONVILLE, FLORIDA 32277	
7. If limited partnership elects to be a limited liability limited partnership, check box	7

H09000240402

8. Name and business address of each go Name:	eneral partner: Business Address:	
WILLARD H. PEARSALL, III	1720 BROOKWOOD ROAD	_
	JACKSONVILLE, FLORIDA 32207	-
MARILLA H. PEARSALL	6 BULLHEAD COURT, P.O. BOX 1384	
	BRIDGEHAMPTON, NY 11932	-
KATHARINE P. PEARSALL	327 DURANT WAY	_
	MILL VALLEY, CA 94941	_
		-
	A SECTION OF THE PROPERTY OF T	· 5 · 71
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	7	S
		in or
9. Effective date, if other than the date of filling:	<u></u>	
(Effective date cannot be prior to nor mo filed by the Florida Department of State.)	re than 90 days after the date the document is	
Signed this 12 th day of	NOVEMBER 2009	
Signature of each general partner:		
harden -		-
Marilla H. Plassall	•• • • • • • • • • • • • • • • • • • • •	-
Kathanin P. Peansall		-
Filing Fees: \$1,0 Certified Copy (optional): \$52	000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)	
Certificate of Status (optional): \$8.7		