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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

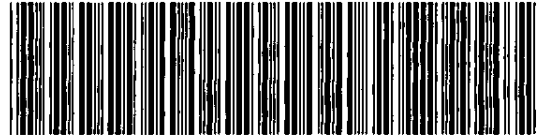
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
09 NOV 13 AM 10:03

2009-49503

T. HAMPTON

NOV 16 2009

EXAMINER

# Strawn & Monaghan, P.A.

Attorneys and Counselors

Joel T. Strawn, J.D.  
Timothy E. Monaghan, M.B.A., J.D.  
Sharon B. Roberts, Pharm.D., J.D.  
54 Northeast Fourth Avenue  
Delray Beach, Florida 33483  
Telephone 561-278-9400  
Facsimile 561-278-9462

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Firm is Of Counsel to Metzger, Grossman,  
Furlow & Bayó, LLC of Tallahassee

November 4, 2009

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

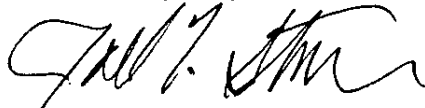
Re: Kilpatrick Family Limited Partnership LLLP

Ladies and Gentlemen:

Enclosed for filing please find Certificate of Limited Liability Limited Partnership of Kilpatrick Family Limited Partnership, LLLP, together with our check number 15735 in the amount of \$1,000.00 in payment of the filing fee (\$965.00) and the registered agent fee (\$35.00). Also enclosed is a self-addressed, stamped envelope for your convenience in returning the duplicate copy of the Certificate which is also enclosed to me stamped with the date of filing.

If you have any questions, please advise.

Yours very truly,



Joel T. Strawn

Enclosures

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Attorneys and Counselors

Joel T. Strawn, J.D.

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Firm is Of Counsel to Metzger, Grossman,  
Furlow & Bayó, LLC of Tallahassee

November 12, 2009

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
ATTN: Tammy Hampton

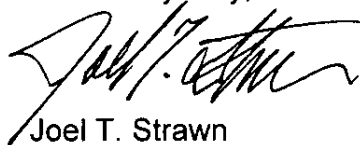
Re: Kilpatrick Family Limited Partnership LLLP  
Ref. Number W09000049503

Dear Ms. Hampton:

In accordance with your November 9, 2009 correspondence to me, a copy of which is enclosed, I have reinstated Canvasback Investments, Inc., the General Partner of Kilpatrick Family Limited Partnership, LLLP. I am resubmitting the Certificate of Limited Liability Limited Partnership for filing. Our check for the \$1,000.00 filing fee was sent to your office on November 4, 2009, the date of the original submission. Also enclosed is a self-addressed, stamped envelope for your convenience in returning the duplicate copy of the Certificate which is also enclosed to me stamped with the date of filing.

Thank you for your assistance. If you have any questions, please advise.

Yours very truly,



Joel T. Strawn

Enclosures

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 NOV 13 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 9, 2009

JOEL T STRAWN  
STRAWN & MONAGHAM, PA  
54 NE FOURTH AVE  
DELRAY BEACH, FL 33483

SUBJECT: KILPATRICK FAMILY LIMITED PARTNERSHIP, LLLP  
Ref. Number: W09000049503

We have received your document for KILPATRICK FAMILY LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The general partner for this limited partnership listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, [www.sunbiz.org](http://www.sunbiz.org). Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

Once the reinstatement for the general partner and been filed you can resubmit the filing for you limited partnership along with the enclosed letter for filing.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 909A00035108

**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP**  
**of**  
**KILPATRICK FAMILY LIMITED PARTNERSHIP, LLLP**

This Certificate of Limited Liability Limited Partnership of the KILPATRICK FAMILY LIMITED PARTNERSHIP, LLLP (The "Limited Partnership"), made and filed under the Florida Revised Uniform Limited Partnership Act (1986), is executed as provided for by §620.1201, Florida Statutes, and sets forth the following for the purpose of forming a limited liability limited partnership under Florida law:

A. The name of the limited liability limited partnership is: KILPATRICK FAMILY LIMITED PARTNERSHIP, LLLP.

B. The street and mailing address of the initially designated office of the Limited Partnership and the name and address of the agent for service of process required to be maintained by §620.1114, Florida Statutes, are as follows:

Street and Mailing Address: 54 N. E. Fourth Avenue, Delray Beach, FL 33483

Name and Address of Agent for Service of Process:

Joel T. Strawn, Esquire  
54 N. E. Fourth Avenue  
Delray Beach, FL 33483

C. The name and business address of each General Partner is:

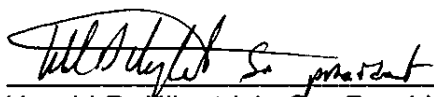
Canvasback Investments, Inc.  
7700 High Ridge Road  
Boynton Beach, FL 334620-5026

D. This Limited Partnership has elected to be a limited liability limited partnership.

E. The latest date on which the limited partnership is to dissolve is December 31, 2059.

This certificate is executed by the undersigned for the purposes declared herein.

Canvasback Investments, Inc.

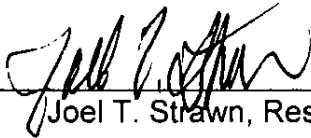
By:   
Harold D. Kilpatrick, Sr., President

Date: November 2, 2009

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DIVISION OF CORPORATIONS  
09 NOV 13 AM 10:09

**ACCEPTANCE OF REGISTERED AGENT**

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Joel T. Strawn, Resident Agent

Date November 2, 2009

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