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M. THOMAS
DEC 18 2009
EXAMINER

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

1. Bayside Lakes, 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. 4650 Donald Ross Road, Suite 200
(Street address of initial designated office)
Palm Beach Gardens, Florida 33418

3. Peter Brock
(Name of Registered Agent for Service of Process)

4. 4650 Donald Ross Road, Suite 200
(Florida street address for Registered Agent)
Palm Beach Gardens, Florida 33418

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. 4650 Donald Ross Road, Suite 200
(Mailing address of initial designated office)
Palm Beach Gardens, Florida 33418

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

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8. Name and business address of each general partner:

Name:	Business Address:
Bayside Lakes GP, LLC	4650 Donald Ross Road, Suite 200 Palm Beach Gardens, Florida 33418
L09-119785	

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 16th day of December 2009

Signature of each general partner:
Bayside Lakes GP, LLC
By: _____
Peter Brook, Manager
By: _____
Andrew Brook, Manager

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