

Apr. 9. 2010 1:44 PM  
Division of Corporations

No. 2552 Page 1 of 1

**A10000000203**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000080866 3)))



H100000808663ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: *Yvonne Mender*  
Account Name : GRAY ROBINSON, P.A.  
Account Number : 075154001651  
Phone : (321) 727-8100  
Fax Number : (321) 984-4122

FILED  
10 APR -9 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

RECEIVED  
10 APR -9 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP**  
**Swann Family Limited Partnership, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

Apr. 9. 2010 12:44PM

No. 2552 P. 2

FILED

10 APR -9 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Swann Family Limited Partnership, 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. 516 Delannoy Avenue  
(Street address of initial designated office)

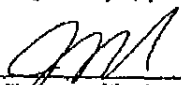
Cocoa, FL 32922

3. John R. Kancilla  
(Name of Registered Agent for Service of Process)

4. 1795 West Nasa Boulevard  
(Florida street address for Registered Agent)

Melbourne, FL 32901

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. 516 Delannoy Avenue  
(Mailing address of initial designated office)

Cocoa, FL 32922

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:

James T. Swann, Trustee  
of the James T. Swann Trust  
dated May 27, 2005

516 Delannoy Avenue

Cocoa, FL 32922

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 7th day of April, 2010.

Signature of each general partner:

James T. Swann Trust dated May 27, 2005

By:

James T. Swann, Trustee

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR -9 AM 8:28

FILED