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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : F20000000195
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Fax Number : (850) 558-1515

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10 MAY 20 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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/LLP
CE RESOURCE MANAGEMENT, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

S. HAWKES

Help MAY 21 2010

EXAMINER

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

FILED
10 MAY 20 AM 9:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. CE RESOURCE MANAGEMENT, LTD.

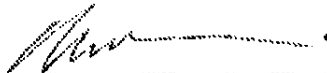
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or L.L.L.P.

2. 3003 Tamiami Trail North, Suite 400, Naples, FL 34103
(Street address of initial designated office)

3. Robert D. Corina
(Name of Registered Agent for Service of Process)

4. 3003 Tamiami Trail North, Suite 400, Naples, FL 34103
(Florida street address for Registered Agent)

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. 3003 Tamiami Trail North, Suite 400, Naples, FL 34103
(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
<u>Collier Enterprises, Inc.</u>	<u>3003 Tamiami Trail North, Suite 400</u>
	<u>Naples, FL 34103</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 STATE ARCHIVE OF FLORIDA
 TALLAHASSEE, 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 19th day of May, 2010

Signature of each general partner:

X *[Signature]*

ROBERT D. CORLUS, AS VICE PRESIDENT OF

COLLIER ENTERPRISES, INC.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75