

Aug. 10. 2010 1:33PM  
Division of Corporations

No. 1333 P. 173  
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Florida Department of State  
Division of Corporations  
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**L. SELLERS**

AUG 12 2010

**EXAMINER**

To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

**\*\*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  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLP  
DJ Family Partnership, Ltd.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

\* 2 of 2  
Please file second

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FILED  
10 AUG 10 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
8/10/2010

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

1. DJ Family Partnership, 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 LLLP.

2. 502 Lucerne Avenue

(Street address of initial designated office)

Tampa, Florida 33606

3. David L. Koche

(Name of Registered Agent for Service of Process)

4. 601 Bayshore Boulevard, Ste. 700

(Florida street address for Registered Agent)

Tampa, Florida 33606

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. 502 Lucerne Avenue

(Mailing address of initial designated office)

Tampa, Florida 33606

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:

Cayo Costa Management, LLC

502 Lucerne Avenue

Tampa, FL 33606

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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 6 day of August, 2010

Signature of each general partner:

CAYO COSTA MANAGEMENT, LLC

By: 

Darian W. Johnson, Manager

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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