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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

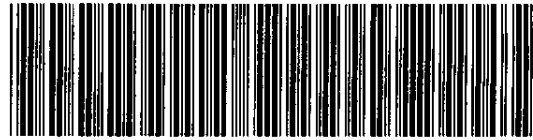
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REGISTRY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

SEP 16 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONIAL GERIATRICS REALTY, LTD., a Florida Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Randal C. Fairbanks, Esq.

Contact Person

Fairbanks & McGillin, P.L.

Firm/Company

113 Nature Walk Parkway, Suite 103

Address

St. Augustine, Florida 32092

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randal C. Fairbanks

at (904) 687-1140

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☒ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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

1. COLONIAL GERIATRICS REALTY LTD.

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

2. 6812 Del Mar Terrace
(Street address of initial designated office)

Naples, Florida 34105

3. Randal C. Fairbanks
(Name of Registered Agent for Service of Process)

4. 113 Nature Walk Parkway, Suite 103
(Florida street address for Registered Agent)

St. Augustine, Florida 32092

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.

Randal C. Fairbanks

Signature of Registered Agent

6. 6812 Del Mar Terrace
(Mailing address of initial designated office)

Naples, Florida 34105

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:

Colonial Geriatrics Realty Management, LLC 6812 Del Mar Terrace
(Ronald T. Garry, Manager)

Naples, Florida 34105

L10-91081

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 8th day of September, 2010

Signature of each general partner: _____

9-8-10

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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