

**A100000000592**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H10000216668 3)))



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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*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 OCT -1 PM 3:29  
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FLORIDA/FOREIGN LP/LLLP  
Steiner Family, LLLP

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

\* 2 of 2  
Please file second

A. LUNT

OCT -4 2010

EXAMINER

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Help

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

1. Steiner Family, 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.P.  
or LLLP.

2. 7502 Lake Josephine Lane

(Street address of initial designated office)

Odessa, FL 33556

3. Alfred F. Steiner II

(Name of Registered Agent for Service of Process)

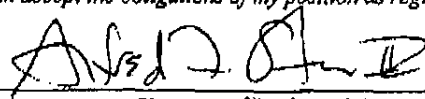
4. 7502 Lake Josephine Lane

(Florida street address for Registered Agent)

Odessa, FL 33556

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.

x



Signature of Registered Agent

6. 7502 Lake Josephine Lane

(Mailing address of initial designated office)

Odessa, FL 33556

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:

Alanns II, LLC

7502 Lake Josephine Lane

Odessa, FL 33556

11-103290

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 22 day of September 2010

Signature of each general partner:

ALANNS II, LLC

By: Ann B. Steiner  
Ann B. Steiner, 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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