

A10000000807

(Requestor's Name)

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☐ PICK-UP

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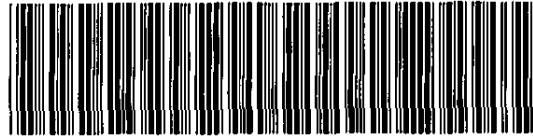
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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12/10/10--01040--007 **1061.25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 DEC 10 PM 2:27

RECEIVED

B. KOHR
DEC 10 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 10 PM 3:05

CORPDIRECT AGENTS, INC. (formerly CCRS)
515' EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/10/2010

REF. #: 000176.138137

CORP. NAME: LOST CREEK INVESTORS, LP

FILE THIRD!

FILED STATE
SECRETARY OF
DIVISION OF
10 DEC 10 PM 3:05

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 537713 FOR \$ 1061.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
LOST CREEK INVESTORS, LP
(a Florida limited partnership)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 10 PM 3:05

Pursuant to the provisions of Section 620.1201 of the Florida Statutes, the undersigned, being the sole General Partner of **LOST CREEK INVESTORS, LP**, hereby duly executes and files with the Florida Department of State this Certificate of Limited Partnership.

1. The name of the limited partnership is "**LOST CREEK INVESTORS, LP**" (the "**Limited Partnership**").

2. The street and mailing address of the Limited Partnership's initial designated office in the State of Florida is 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

3. The name of the Limited Partnership's initial registered agent is Robert J. Puck, and the street address of the initial registered agent is 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

4. The name of the Limited Partnership's sole general partner is **LOST CREEK GP, LLC**, a Florida limited liability company and the business address of such general partner is 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

The sole General Partner of **LOST CREEK INVESTORS, LP** has executed the foregoing Certificate of Limited Partnership on this 10th day of December, 2010 in accordance with Section 620.1204 of the Florida Statutes.

LOST CREEK GP, LLC, a Florida limited liability company, General Partner

By: 
Robert J. Puck, Authorized Representative

Acceptance of Appointment of Registered Agent

Having been named the statutory registered agent of **LOST CREEK INVESTORS, LP**, at the place designated in the foregoing Certificate of Limited Partnership of **LOST CREEK INVESTORS, LP**, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.1114 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.



Robert J. Puck

Date: December 10, 2010