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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

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10 DEC 27 PK 1:57
SECKETARY OF STATE
AND AHASSEF, FLORIDA

J. BRYAN

DEC 28 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SANGIRI REALTY MAN	NAGEMENT, LLLP
	tnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partner	ship and fees are submitted for filing.
Please return all correspondence concerning	g this matter to:
ROBERT M. KRAMER	
Contact Person	
KRAMER GREEN ET AL	₹a ±
Firm/Company	
4000 Hollywood Blvd., Suite 48	DEC 27 PK 1: 57 CRETARY OF STATE LANASSEE, FLORIE
Address	27 (SS)
Hathana at El 2004	PK PK
Hollywood, FL 33021	
City, State and Zip Code	<u> </u>
rkramer@kramergreen.com E-mail address: (to be used for future annual re	port notification)
E-man address. (to be used for future annual re	sport notification)
For further information concerning this mat	ter, please call:
Robert M. Kramer	at (954) 966-2112
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status Fee)	\$1,052.50 Filing Fees and Certified Copy \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

CR2E030 (01/06)

Certificate of Conversion

For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SANGIRI REALTY MANAGEMENT, L.L.C.	<u> </u>	
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a limited lia	bility company	
(Enter entity type. Example: corpora proprietorship, general partnership,	• • • • • • • • • • • • • • • • • • • •	
first organized, formed or incorporated under	the laws of Florida	
(Enter state, or if a non-U.S. en	tity, the name of the country)	
on April 7, 2005		
(Enter date "Other Business Entity" was t	first organized, formed or incorporated)	

3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:

Sangiri Realty Managment, LLLP

(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

- 4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.
- 5. If not effective on the date of filing, enter the effective date:

 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)
- 6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.
- 7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this . 16th day of November December	. 20_10
Signature of Each General Partner Listed in Attached Partnership/Limited Liability Limited Partnership: In	ndividual(s) signing affirm(s)
that the facts stated in this document are true. Any false is degree felony as provided for in s.817-155, F.S.	nformation constitutes a third
Signature: Printed Name: Prangnuan E. Durand Title	General Partner
Timed Name. Name.	. Contrary divisor
Signature:	
Printed Name:Title):
Signature:	
Printed Name: Title	÷
Signature:	
Signature: Title	:
Signature: Title Printed Name: Title	
Signature: Title	
Printed Name:Title	e:
that the facts stated in this document are true. Any false is degree felony as provided for in s.817.155, F.S. [See below Signature: Printed Name: Prangnuan E. Durand Title	
Printed Name: Pranghuan E. Durand 11116	e: Manager
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer If Directors or Officers have not been selected, an Incorpora If Florida General Partnership or Limited Liability Par Signature of one General Partner.	ator must sign.
Signature of one General Latinet.	الماسير
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	PH 1:5
All others: Signature of an authorized person.	85 5
Fans:	
Fees: Certificate of Conversion:	\$ 52.50
Fees for Florida Certificate of Limited Partnership: (\$965 Filing Fee and \$35 Filing Fee)	\$1,000.00
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, of acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited	or Ltd,
or LLLP.	≨o 5
2. c/o Prangnuan E. Druand	D DEC
(Street address of initial designated office)	55.55.
3511 N. Andrew Avenue, Oakland Park, FL 33309	FF P
Robert M. Kramer	FLOR FLOR
(Name of Registered Agent for Service of Process)	ēm -
4000 Hollywood Blvd., Suite 485-South	
(Florida street address for Registered Agent)	
Hollywood, FL 33021	
5. I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete perfo and I am familiar with and accept the obligations of my position as registered agen Signature of Registered Agent	rmance of my duties,
çc/o Prangnuan E. Durand	
(Mailing address of initial designated office)	A STATE OF THE STA
(

Name: Prangnuan E. Durand	Business Address: 3511 N. Andrew Avenue	
	5511 N. Allalew Aveilue	
	Oakland Park, FL 33309	
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	- 	
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	T'ST	
	- II	
9. Effective date, if other than the date of fil	ling:	
	more than 90 days after the date the document is	
filed by the Florida Department of Si	ate De conte	
Signed this $\frac{16^{7}}{}$ day of	November 2010	
	We submit this document and affirm that the facts ware that any false information submitted in a	
document to the Department of State	constitutes a third degree felony as provided for in	
s.817.155, F.S.		
1/1000		
<u> </u>		

\$8.75 Page 2 of 2