

A1100000235

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
BD B/CT JV#1, LLLP**

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TALLAHASSEE, FLORIDA

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C. LEWIS

MAR 28 2011

EXAMINER

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2011 MAR 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. BD B/CT JV #1, LLP

*(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 LLP.*

2. 4650 Donald Ross Road, Suite 200

(Street address of initial designated office)

Palm Beach Gardens, Florida 33418

3. Peter Brock

(Name of Registered Agent for Service of Process)

4. 4650 Donald Ross Road, Suite 200

(Florida street address for Registered Agent)

Palm Beach Gardens, Florida 33418

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. 4650 Donald Ross Road, Suite 200

(Mailing address of initial designated office)

Palm Beach Gardens, Florida 33418

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:

BD B/CT GP, LLC

L11000035643

Business Address:

4650 Donald Ross Road, Suite 200

Palm Beach Gardens, Florida 33418.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 23rd day of March 2011

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware 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.

BD B/CT GP, LLC

By:

Peter Brook, 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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