

APR. 25. 2011. 9:00AM  
DIVISION OF CORPORATIONS

TRENAM KEMKER

NO. 2394 Page 1 of 1

**A11000000322**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000110866 3)))



H110001108663ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435

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

Email Address: leprather@trenam.com

**FLORIDA/FOREIGN LP/LLP**  
**Birchwood Inn Partners, LLLP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

RECEIVED  
11 APR 25 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**D. BRUCE**

APR 26 2011

**EXAMINER**

APR. 25, 2011 9:01AM

TRENAM KEMKER;34:59 AM PAGE 1/001 Fax NO. 2394 P. 2



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 25, 2011

BIRCHWOOD INN PARTNERS, LLLP  
5524 WEST CYPRESS STREET, SUITE B  
TAMPA, FL 33607

SUBJECT: BIRCHWOOD INN PARTNERS, LLLP

FILED  
11 APR 25 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: EGP110000109  
Letter Number: 811A00009896

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

RECEIVED  
11 APR 25 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H11000110866 3)))

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

1. Birchwood Inn Partners, 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.L.P.  
or LLLP.

2. 5524 West Cypress Street, Suite B, Tampa, FL 33607

(Street address of initial designated office)

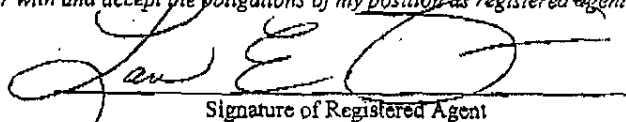
3. Laura E. Prather

(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Boulevard, Suite 2700, Tampa, FL 33602

(Florida street address for Registered Agent)

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

FILED  
11 APR 25 AM 10:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

6. 5524 West Cypress Street, Suite B, Tampa, FL 33607

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box



(((H11000110866 3)))

(((H11000110866 3)))

## 8. Name and business address of each general partner:

Name:Business Address:Birchwood Inn, LLC5524 West Cypress Street, Suite BTampa, FL 3360711 APR 25 AM 10:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

## 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<sup>nd</sup> day of April, 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.

Birchwood Inn, LLCBy: Charles Prather, 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

Page 2 of 2

(((H11000110866 3)))