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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

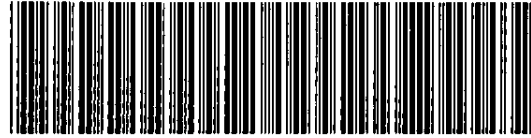
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11 SEP 21 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 22 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Windmill Park Sponsor Owner, LLLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jacob C. Dykxhoorn  
Contact Person

Peterson & Myers, P.A.  
Firm/Company

P.O. Box 1079  
Address

Lake Wales, FL 33859-1079  
City, State and Zip Code

sblrealty@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob C. Dykxhoorn at ( 863 ) 676-7611  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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CERTIFICATE OF LIMITED PARTNERSHIP SEP 21 PM 3:00

FOR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WINDMILL PARK SPONSOR OWNER, LLLP

The undersigned, for the purpose of forming a limited liability limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act of 2005, as set forth in Section 620.1101, et. seq. of the Florida Statutes, do hereby certify to the following:

1. The name of the partnership (hereinafter the "Partnership") is Windmill Park Sponsor Owner, LLLP.
2. The street address of the initial designated office of the Partnership is: 501 Brickell Key Drive, Suite 103, Miami, FL 33131.
3. The mailing address of the initial designated office of the Partnership is: 501 Brickell Key Drive, Suite 103, Miami, FL 33131.
4. The name and Florida street address of the initial registered agent, for service of process on the Partnership, are: Gerard Berger, 501 Brickell Key Drive, Suite 103, Miami, FL 33131.
5. The name and the business address of each general partner are as follows:  
  
W.R. Management Associates, LLP *LLP02-869*  
501 Brickell Key Drive, Suite 103, Miami, FL 33131
6. This Partnership elects to be and is organized as a limited liability limited partnership.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Dated: September 20, 2011

Signed, sealed and delivered  
in the presence of:

*[Must be signed by all General Partners]*

W.R. Management Associates, LLP, a Florida  
limited liability partnership  
By: Berger Management LLP, a Florida limited  
liability partnership, as its Managing Partner

Sign Name: *Ellen Weil*  
Print Name: ELLEN WEIL  
Witness #1

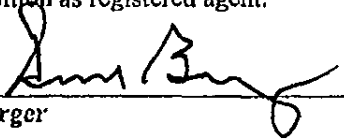
By: *Gerard Berger*  
Gerard Berger, as its sole Managing  
Partner

Sign Name: *Frank Cubero*  
Print Name: Frank Cubero  
Witness #2

ACCEPTANCE OF REGISTERED AGENT  
FOR  
WINDMILL PARK SPONSOR OWNER, LLLP

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, 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 relating to the proper and complete performance of my duties, and I state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

Dated: September, 20, 2011

  
Gerard Berger

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