A11000000734

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ANDERSON INVESTMENT LIMITED PARTNERSHIP

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:

Lori A. Young	
Contact Person	
Bamberger, Foreman, Oswald & Hahn, L	LP
Firm/Company	
Post Office Box 657	
Address	
Evansville, IN 47704-0657	
City, State and Zip Code	SEC 3
lyoung@bamberger.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:
Laura A. Scott	at (812) 425-1591 🔀
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 \$35 Registered Agent Fee) \$\$1,000.00 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy S1,061.25 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
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CR2E030 (01/06)	
1 The Section of the Section of Section Section 19 (1997)	<u> 1667 (b. 1907)</u>



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2011

LORI YOUNG BAMBERGER, FOREMAN, OSWALD & HAHN P.O. BOX 657 EVANSVILLE, IN 47704-0657

SUBJECT: ANDERSON INVESTMENT LIMITED PARTNERSHIP

Ref. Number: W11000049552

We have received your document for ANDERSON INVESTMENT LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction (3).

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L99000007593.

The name of your limited liability limited partnership must contain an acceptable suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

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) 245-6020.

FILE D

Tammi Cline Regulatory Specialist II

Letter Number: 311A00022126

FILED 8 48

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

1. ANDERSON FLORIDA INVESTMENT LIMITED PARTNERSHIP .
(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, 81 Seagate Drive, #903
(Street address of initial designated office)
Naples, FL 34103
3. Jack B. Anderson
(Name of Registered Agent for Service of Process)
4. 81 Seagate Drive, #903 ····································
(Florida street address for Registered Agent)
Naples, FL 34103
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.
Jack B Onler
Signature of Registered Agent
6. Post Office Box 27
(Mailing address of initial designated office)
Henderson, KY 42419

7. If limited partnership elects to be a limited liability limited partnership, check box $|\chi|$

	8. Name and business address of ean Name:	ach general partner: Business Address:	
	KAJ Consulting, Inc.	Post Office Box 27	
	P98-8156	Henderson, KY 42419	
		FILL SEP 2:	
Fig. 12 cm and the second of t	A Company of the American	SEE OF STATE	
edition of the second of the s			
ad Landon Harris (1994) Nacional Company	9. Effective date, if other than the date of 1	Giling: October 1, 2011	
	filed by the Florida Department of S	or more than 90 days after the date the document is State.)	
	Signed this day o	September, 2011.	
Kaj by	stated herein are true. I/We am/are a document to the Department of Stat s.817.155, F.S.	We submit this document and affirm that the facts aware that any false information submitted in a e constitutes a third degree felony as provided for in	
Consulting, Inc.	Jal		
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2	