A-12000000377

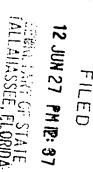
(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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06/27/12--01024--017 **1061.25



COVER LETTER

Division of Corporations		
SUBJECT: Westdale Chickasaw Cr	rossing, LP	
	nership or Limited Liability Limited Partnership	
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Tim Hagen		
Contact Person		
Glast, Phillips & Murray, P.C.		
Firm/Company		
14801 Quorum Drive, Suite 500		
Address		
Dallas, Texas 75254		
City, State and Zip Code		
thagen@gpm-law.com E-mail address: (to be used for future annual re	now notification)	
•	•	
For further information concerning this matt	er, please call:	
Tim Hagen	at (972) 419-8373	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount	ıt:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees 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:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	

Tallahassee, FL 32314

CR2E030 (01/06)

2661 Executive Center Circle Tallahassee, FL 32301

FILED

12 JUN 27 PH 12: 97 SEUNETARY OF STATE FALLAHASSEE, FLORIDA

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

LIMITED LIABILITY LIMITED PARTNERSHIP

ı. Westdale Chickasaw Crossing, LP
(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. 3100 Monticello Avenue, Suite 600
(Street address of initial designated office)
Dallas, Texas 75205
3, CT Corporation System
(Name of Registered Agent for Service of Process)
4,1200 South Pine Island Road
(Florida street address for Registered Agent)
Plantation, Florida 33324
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. Madonna Cuddihy Signature of Registered Agent Special Assistant Secretary 5, 3100 Monticello Avenue, Suite 600
` <u></u>
(Mailing address of initial designated office)
Dallas, Texas 75205
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and busines Name:	ss address of each general <u>B</u>	partner: susiness Address:	
JGB Ventures I, Ltd. 3100 Monticello Avenue,			e, Suite 600
B99-15	54 [Dallas, Texas 7520	5
<u> </u>			<u>.</u>
			12 JUNE 2
	_		7 PH 12 SSEE, FL
			ATE ORIDA
9. Effective date, if other	than the date of filing:		·
(Effective date canno filed by the Florida l		an 90 days after the date the	document is
Signed this	day of June	, 2012	·
stated herein are true	. I/We am/are aware that a artment of State constitute	t this document and affirm thany false information submites a third degree felony as pr	ted in a
By: Mu Hagen, Ag	fut and Attorney in Face	at .	
Filing Fees: its q Certificate of Status	ional): \$52.50	せるはいなられて。, 0 (\$965 Filing Fee and \$35 Regist	ered Agent Fee)

\$8.75 Page 2 of 2