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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Latitude 27 Developm	nent, Ltd.	
Name of Florida Limited I	Partnership or Limited Liability Limited Partnership	
The enclosed Certificate of Limited Partn	nership and fees are submitted for filing.	
Please return all correspondence concerni	ing this matter to:	
Diana Pankova, Esq.		
Contact Person		
Pankova Law Group, PL		
Firm/Company		
2519 McMullen Booth Rd., Ste	e. 510-309 AEGREE	} = -
, 13-31 -32 -		3
Clearwater, FL 33761		֚֚֝֝֝֝֝֝֝֝֝ ֖֓֓֓֞֩
City, State and Zip Code		
pankova@pankovalaw.com		
E-mail address: (to be used for future annua		
For further information concerning this m	natter, please call:	7.
Diana Pankova	at (727) 512-0371	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fe and \$35 Registered Agent Fee) \$1,000.00 Filing Fees and Certificate of Status	ees \$1,052.50 Filing Fees and Certified Copy 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	

CR2E030 (01/06)

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

Latitude 27 Development, LLLP	<u> </u>
(Name of Limited Partnership or Limited Liability Limited Partnership, which must ind Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partne or LLLP.	
2. 639 Cornwell on the Gulf	
(Street address of initial designated office)	
Venice, FL 34285	
Pankova Law Group, PL	
(Name of Registered Agent for Service of Process)	
1,2519 McMullen Booth Rd., Ste. 510-309	1389 1289 1289 1289
(Florida street address for Registered Agent)	29 931 931
Clearwater, FL 33761	71
5. I hereby accept the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent (Mailing address of initial designated office)	further agree to of my duties.
Venice, FL 34284	
7. If limited partnership elects to be a limited liability limited partnership, cl	heck box

8. Name and business address of each general partner: Name: **Business Address:** Venetian Development, LLC 2805 E. VENICE AVENUE Venice, FL 34292 L12000131150 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.) day of November 2012 Signed this 21st 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. 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