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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Beach Road Investment	nts, LP
	rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partne	rship and fees are submitted for filing.
Please return all correspondence concerning	g this matter to:
Rebecca C. Ceto	
Contact Person	
SNR Denton US LLP	
Firm/Company	
233 S. Wacker Drive, Suite 780	00
Address	
Chicago, IL 60606	
City, State and Zip Code	
rebecca.ceto@snrdenton.com	
E-mail address: (to be used for future annual i	eport notification)
For further information concerning this ma	tter, please call:
Rebecca C. Ceto	at (312) 876-8000
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$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 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

CR2E030 (01/06)

DEC -7 PH 1:01

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

1. Beach Road Investments, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 2. 7455 North Granite Creek Road, Teton Village, WY 83025 (Street address of initial designated office)			
			3. National Corporation Research, Ltd., Inc.
			(Name of Registered Agent for Service of Process)
			4.155 Office Plaza Drive, Tallahassee, FL 32301
(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			
6,7455 North Granite Creek Road, Teton Village, WY 83025			
(Mailing address of initial designated office)			
7. If limited partnership elects to be a limited liability limited partnership, check box			

8. Name and business address of eac	
Name: Edgar D. Jannotta, Jr., Trustee of Nonexempt Trust for Kathryn	Business Address: 7455 North Granite Creek Road
	Teton Village, WY 83025
Edgar D. Jannotta, Jr., Trustee of Nonexempt Trust for Ned	7455 North Granite Creek Road
	Teton Village, WY 83025
Edgar D. Jannotta, Jr., Trustee of Nonexempt Trust for Peter	7455 North Granite Creek Road
÷	Teton Village, WY 83025
Edgar D. Jannotta, Jr., Trustee of Nonexempt Trust for Ross	7455 North Granite Creek Road
	Teton Village, WY 83025
9. Effective date, if other than the date of fi	ling:
	r more than 90 days after the date the document is
filed by the Florida Department of St	
Signed this day of	Deember, 2012
stated herein are true. I/We am/are av	We submit this document and affirm that the facts ware that any false information submitted in a constitutes a third degree felony as provided for in
s.817.155, F.S. By: Edgar D. Janhotta, O., as Frystee	By: Edgar D. Jannotta Jr., as Trystee
Nonsempt Trust for Nathryn	Norekempt Trust for Ned
By: Edgar D. Jannotte Jr., as Tristee	By: Edgar D. Janhotte, Jr., as Trustoe
Nonexempt Trust for Peter Filing Fees:	Nonexempt Trust for Floss \$1,000.00 (\$965 Filing Fet and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75 Page 2 of 2

7 PH 1:

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Rebecca C. Ceto	
Contact Person	
SNR Denton US LLP	
Firm/Company	
233 S. Wacker Drive, Suite 780	00
Address	
Chicago, IL 60606	
City, State and Zip Code	
rebecca.ceto@snrdenton.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	tter, please call:
Rebecca C. Ceto	_{at (} 312 ₎ 876-8000
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
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STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	i allallassee, FL 32314

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