A1300000126

(Re	equestor's Name)	** ***
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

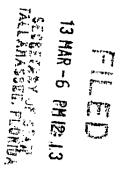
Office Use Only

MAR _ 8 2013 G. MCLEOF



500245277445

03/06/13--01014--014 **1061.25



COVER LETTER

Division of Corporations	
SUBJECT: PETERBOROUGH 2, L	TD.
Name of Florida Limited Par	tnership 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:
Julie Fanelli	
Contact Person	
Fanelli Law Firm, PA	
Firm/Company	
5300 W Cypress St, Ste 200	
Address	
Tampa, FL 33607	<u> </u>
City, State and Zip Code	
jfanelli@fanellilaw.com E-mail address: (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:
Julie Fanelli	at (813) 384-4841
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$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 S1,061.25 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
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassec, FL 32301	

CR2E030 (01/06)

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

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partner or LLLP.	rship, L.L.L.P.
2 _. 5300 W. Cypress St., Suite 200	
(Street address of initial designated office)	
Tampa, FL 33607	
3. Fanelli Law Firm, PA	Design The State of the State o
(Name of Registered Agent for Service of Process)	67 % 68 %
4,5300 W. Cypress St., Suite 200, Tampa, FL 33607	
(Florida street address for Registered Agent)	in the
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I seemply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.	

8. Name and business address of each general partner: Business Address: Name: 440 4th Ave. N. Peterborough Apartments, Inc. St. Petersburg FL 33701 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.) Signed this 21st day of February 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. Peterborough Apartments, Inc., a Florida not for profit Corporation Virginia Rowell, President \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) Filing Fees: Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

Page 2 of 2