Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000175300 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

from:

Account Name

: BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE "

Account Number : 072731001155 Phone

: (813)253-2020

Fax Number

: (813)251-6711

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Ems	Ť	1	Address:
pula	_	_	UNITED !

## FLORIDA/FOREIGN LP/LLLP

GR Thomas Family Limited Partnership

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

Electronic Filing Menu

Corporate Filing Menu

Help

H13000175300

No. 2690 PEZ

2013 AUG -7 AM 8: 07

SECRETARY OF STATE TALLARIASSEE, FLORIDA

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

1, GR THOMAS FAMILY 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.P. or LLLP.							
2, 5500 West Executive Drive, Suite 500, Tampa, Florida 33609							
(Street address of initial designated office)							
3. G. Richard Thomas							
(Name of Registered Agent for Service of Process)							
4,5500 West Executive Drive, Suite 500, Tampa, Florida 33609							
(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 fegistered agent.  Signature of Registered Agent							
6,5500 West Executive Drive, Sulte 500, Tampa, Florida 33609							
(Mailing address of initial designated office)							
7. If limited partnership elects to be a limited liability limited partnership, check box							

Page 1 of 2

## H13000175300

8. Name and business address of ea Name:	ch general partner; Business Address;			
GR Thomas Management, LLC	C 5500 West Executive Drive, Suite 500	)		
L13-111397	Tampa, Florida 33609	<del>-</del> -		
		-		
		_		
		_		
		-		
	·	- صر <del>ات</del>	è	
			를 2	
			AUG -	F
	-		<b>-</b>	m
		で記れ	M 8: 07	-
		-57	07	
9. Effective date, if other than the date of f	Nling;	•		
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date the document is State)			
Signed this 3/4 day o	f July , 2013 .			
stated herein are true. I/We am/are a document to the Department of States. \$17.155, 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	_		
G. RICHARD THOMAS, AS ME GR THOMAS MANAGEMENT, LI		_		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Pee and \$35 Registered Agent Pee) \$52.50 \$8.75 Page 2 of 2	_		