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COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Brookestone I, LP			
Name of Florida Limited	Partnership or Limited Liability Limited Partnership		
The enclosed Certificate of Limited Parts	nership and fees are submitted for filing.		
Please return all correspondence concern	ing this matter to:		
Stewart Rutledge			
Contact Person			
Firm/Company			
1739 University Avenue, Suite	2 116		
Address			
Oxford, MS 38655			
City, State and Zip Code			
stewart.rutledge@rosedalecorpora	ation.com C		
E-mail address: (to be used for future annu-	at report notification)		
For further information concerning this r	matter, please call:		
Stewart Rutledge	natter, please call: at (662) 202-8226		
Name of Contact Person	Area Code and Daytime Telephone Number (***		
Enclosed is a check for the following am	ount:		
\$1,000.00 Filing Fees \$1,008.75 Filing F and Certificate of Status \$2,000.00 Filing Fee and and Certificate of Status	ees S1,052.50 Filing Fees and Certified Copy Certificate of Status		
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 32301	Tallahassee, FL 32314		

CR2E030 (01/06)

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

1. Brookestone I, 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. 1739 University Avenue, Suite 116, Oxford, MS 38655		
(Street address of initial designated office)		
3. Phelps Dunbar, LLP c/o Donald H. Whittemore (Name of Registered Agent for Service of Process)		
4,100 SOuth Ashley Drive, Suite 1900	4	
(Florida street address for Registered Agent)	\odot	~*, _{\$} ,
Tampa, FL 33602	3	۰. ا
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. NRAI Services, Inc. By:	-4 FM 8:40	garan Sanat
Signature of Registered Agent		
6.1739 University Avenue, Suite 116, Oxford, MS 38655		
(Mailing address of initial designated office)		
7. If limited partnership elects to be a limited liability limited partnership, check box		

\$8.75

Page 2 of 2

Certificate of Status (optional):

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