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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000016636 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE,
Account Number : I19990000006
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TALLAHASSEE, FLORIDA

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

Email Address: st2allstarvacationhomes.com

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**FLORIDA/FOREIGN LP/LLP
FULLHOUSE VACATION HOMES, LLLP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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January 22, 2015

FLORIDA DEPARTMENT OF STATE

ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Division of Corporations

SUBJECT: FULLHOUSE VACATION HOMES, LLLLP
REF: W15000004545

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H15000016636
Letter Number: 915A00001282

RECEIVED
15 JAN 22 AM 10:00
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((H15000016636 3)))

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

1. FULLHOUSE VACATION HOMES, LLLP

(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. 950 CELEBRATION BOULEVARD, SUITE A

(Street address of initial designated office)

CELEBRATION, FLORIDA 34747

3. STEVEN P. TROVER

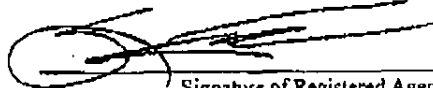
(Name of Registered Agent for Service of Process)

4. 950 CELEBRATION BOULEVARD, SUITE A

(Florida street address for Registered Agent)

CELEBRATION, FLORIDA 34747

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. 950 CELEBRATION BOULEVARD, SUITE A

(Mailing address of initial designated office)

CELEBRATION, FLORIDA 34747

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

((H15000016636 3)))

8. Name and business address of each general partner:

Name:

Business Address:

TROVER EQUITY HOLDINGS, LLC

950 CELEBRATION BOULEVARD, SUITE A

CELEBRATION, FLORIDA 34747

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 22 PM 4: 50

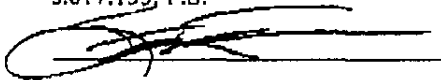
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9. Effective date, if other than the date of filing: UPON FILING

(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 16th day of JANUARY, 2015

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

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