

B06000000028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

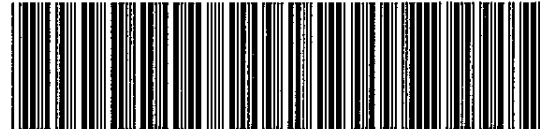
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

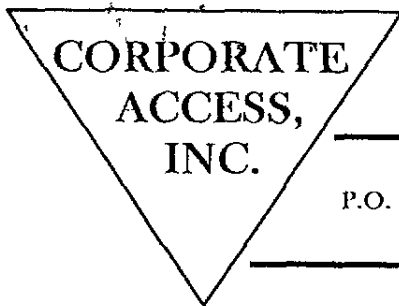
Office Use Only



900063490489

01/19/06--01045--018 **1008.75

RECEIVED
06 JAN 19 4:11:41 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

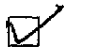
1/19/06



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

Foreign

1.

Bridge - Ft. Myers, L.P.
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

File 1st

SPECIAL INSTRUCTIONS:

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
2006 JAN 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. BRIDGE-FT. MYERS, L.P.

(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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. California

(State or Country of Formation)

3. January 11, 2006

(Date of Formation)

4. Dana Grutchfield


(Name of Registered Agent for Service of Process)

5. 101 E. Kennedy Blvd, Suite 2000

(Florida street address for Registered Agent)

Tampa, FL 33602

6. 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 an accept the obligations of my position as registered agent.



Signature of Registered Agent

7. 2950 Buskirk Avenue, Suite 312

(Principal office address)

Walnut Creek, CA 94597

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 2950 Buskirk Avenue, Suite 312

(Mailing address)

Walnut Creek, CA 94597

10. Name, principal office address, and mailing address of each general partner:

Bridge Partners II LLC

(Name)

2950 Buskirk Ave, #312

(Street Address)

Walnut Creek, CA 94597

2950 Buskirk Ave, #312

(Mailing Address)

Walnut Creek, CA 94597

M 01000002437

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

_____	_____
(Name)	(Street Address)

	(Mailing Address)

11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 13th day of JANUARY, 20 06.

Signature of a general partner:



Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

State of California
Secretary of State



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 11 2006

A stylized, handwritten signature in dark ink, appearing to read "Bruce McPherson".

BRUCE McPHERSON
Secretary of State

OF _____ COUNTY. FILE OR RECORDATION NUMBER _____

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both items 4 and 5 must be completed. If 5. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA
2950 Buskirk Ave., Ste. 312 Walnut Creek CA 94597

GENERAL PARTNER (Enter the name and address of all of the general partners. Attach additional names, if necessary.)
8a. NAME ADDRESS CITY AND STATE ZIP CODE
Bridge Partners II LLC 2950 Buskirk Ave., Ste. 312 Walnut Creek, CA 94597

8b. NAME ADDRESS CITY AND STATE ZIP CODE

GENERAL PARTNER SIGNATORY REQUIREMENTS

7. INDICATE THE NUMBER OF GENERAL PARTNERS' SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, MERGER, DISSOLUTION, CONTINUATION, CANCELLATION AND CONVERSION OR DOCUMENTS CONTAINING A STATEMENT OF CONVERSION. 1

ADDITIONAL INFORMATION

8. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS CERTIFICATE.

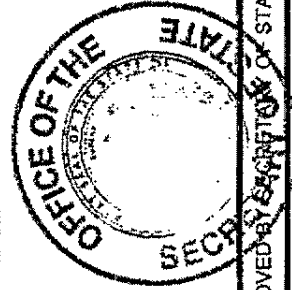
EXECUTION

9. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON DATE
Steven S. Klein 1/3/06
SIGNATURE OF AUTHORIZED PERSON DATE
Steven S. Klein, Managing Member
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

10. NAME [Julie R. Gutzwiller]
FIRM Bridge Partners
ADDRESS 2950 Buskirk Ave., Ste. 312
CITY/STATE/ZIP [Walnut Creek, CA 94597]



LP-1 (REV 03/2005) APPROVED BY SECRETARY OF STATE

**CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED PARTNERSHIP**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 11TH day of JANUARY, 2006, BRIDGE-FT. MYERS, L.P., became recognized under the laws of the State of California by filing its certificate of Limited Partnership in this office; and

That according to the records of this office, the said limited partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this limited partnership.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of January 11, 2006.

7. INDICATE THE NUMBER OF GENERAL PARTNERS' SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESIDUALMENT, MERGER, DISSOLUTION, CONTINUATION, CANCELLATION AND CONVERSION OR DOCUMENTS CONTAINING A STATEMENT OF CONVERSION. 1

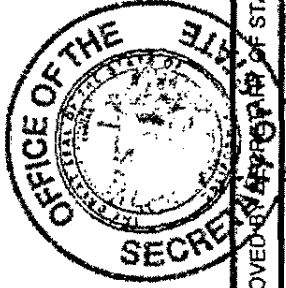
ADDITIONAL INFORMATION

1/3/00

SIGNATURE OF AUTHORIZED PERSON	SIGNATURE OF AUTHORIZED PERSON	DATE
Steven S. Klein	BRIDGE PT. MYERS L.P. GENERAL PARTNER	
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	BY BRIDGE PARTNERS II LLC, ITS GENERAL PARTNER	
	LY STEVEN'S TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

10. NAME Julie R. Gutzwiller
FIRM Bridge Partners
ADDRESS 2950 Buskirk Ave., Ste. 312
CITY/STATE/ZIP Walnut Creek, CA 94597



LP-1 (REV 03/2005)

APPROVED BY APPROPRIATE OFFICE OF STATE