B060000000427

(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		
WD1-49093		

Office Use Only



600081383016

11/07/06--01005--015 **1008.75

COVER LETTER

TO: Registration Section **Division of Corporations** COLONIAL MART LIMITED PARTNERSHIP SUBJECT: (Name of Foreign Limited Partnership or Limited Liability Limited Partnership) The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to: (Address) For further information concerning this matter, please call: (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: □\$1,000.00 Filing Fees □\$1,052.50 Filing Fees \$1,061.25 Filing Fee, (\$965 Filing Fee and and Certificate of Certified Copy, and and Certified Copy \$35 Registered Agent Status Certificate of Status Fee) STREET ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2006

RENITA GORDON CRESS REALTY GROUP 755 AVIGNON DRIVE, BLDG. 18 RIDGELAND, MS 39157

SUBJECT: COLONIAL MART, LP Ref. Number: W06000049093

We have received your document for COLONIAL MART, LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 706A00065913

Leslie Sellers Document Specialist

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TO A SOLUTION SIN FLORIDA

	(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.)
,	12/22/22/26/2 3 8/4/08
	(State or Country of Formation) (Date of Formation)
↓.	C T Corporation System
_	(Name of Registered Agent for Service of Process)
;	1200 South Pine Island Road, Plantation, Florida 33324
-	(Florida street address for Registered Agent)
	•
on	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, I am familiar with an accept the obligations of my position as registered agent. CT Corporation System By: Signature of Registered Agent John J. Linnihan, Asst.VI
	and the state of t
,	755 Avgron Drive Bldg 18
' . ,	(Principal Office address)

Page 1 of 3

9. POBOX 12	9PO
	ling address)
Ridgeland, MS	39158
10. Name, principal office address, and n	nailing address of each general partner;
2	,
Less. Byent	KS Avison Delve
(Name)	Ridseland ms 39157
	PO BOX 1260
	Ridelland, Mailing Address 35148
(Name)	(Street Address)
, ,	
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

Page 2 of 3

	1
(Namc)	(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 no filed by the Florida Department of .	or more than 90 days after the date this document is State.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the
Signed this day	of November ,20 06.
Signature of a general partner:	
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

Page 3 of 3

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I. ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Partnership ACT to be filed in my office do hereby certify that:

COLONIAL MART LIMITED PARTNERSHIP

Formed October 26, 1992

A Mississippi Limited Partnership has filed the necessary documents in this office and has obtained a certificate of Limited Partnership to under the provisions of The Mississippi Limited Partnership Act as shown by the records in this office

That the registered office of said partnership is located at:

750 AVIGNON DR BLDG 18, P O BOX 1260 RIDGELAND MS 39158

and that the registered agent at that address is

GARY B CRESS

I further certify that said Limited Partnership has paid the fees for filing the above papers as required by law as shown by the records of this office and that said partnership is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office November 20, 2006

office oer 20, 2006

CLARK 'ary of State ERIC CLARK

Secretary of State

Certification Number: 8534501-1 Page 1 of 1 Reference: Chade Hirn-EM Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify