13070000187

(Re	equestor's Name)
(Ad	ddress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Siling Officer



Office Use Only



200102068682

06/13/07--01007--003 **1000.00

06/13/07--01007--004 **61.25

07 JUN 15 AM II: 30
SECRETARY OF STATE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 06-13-07

NAME:

RQB RESORT INVESTORS, LP

TYPE OF FILING: APPLICATION TO TRANSACT BUISNESS

COST: \$1061.25-----CKS ATTACHED

RETURN: **CERTIFIED COPY & GOOD STANDING**

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBILIPAUL HODGE

FILE 2nd FILE 2nd



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2007

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: RQB RESORT INVESTORS, LP

Ref. Number: W07000028258

TALLAHOSSEE, FLORIDA

We have received your document for RQB RESORT INVESTORS, LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,061.25 payment.

Before this limited partnership can be registered, its general partner -- RQB JACKSONVILLE, LLC must be filed in Florida.,

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 807A00039995

DEPARTMENT OF STATE AND JUN 15 AN IO: 34

FLORIDA FILING & SEARCH SERVICES, INC

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 06-13-07

NAME:

RQB RESORT INVESTORS, LP

TYPE OF FILING: APPLICATION TO TRANSACT BUISNESS

COST:

\$1061.25-----CKS ATTACHED

RETURN: CERTIFIED COPY & GOOD STANDING

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

FILE 2nd

	APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA RQB Resort Investors, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffice ptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
	RQB Resort Investors, LP
26	(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffixed partnership suffixed partnership suffixed partnership. Limited, L.P., LP, or Ltd. ptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.D. LLP. LLP.
(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.)
	Delaware 3 June 29, 2006
	(State or Country of Formation) (Date of Formation)
	NRAI Services, Inc.
	(Name of Registered Agent for Service of Process)
	2731 Executive Park Drive, Suite 4, Weston, FL 33331
_	(Florida street address for Registered Agent)
m	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to only with the provisions of all statutes relative to the proper and complete performance of my duties, and familiar with an accept the obligations of my position as registered agent.
	Signature of Registered Agent
_	1000 PGA Tour Boulevard, Ponte Vedra Beach, FL 32082
_	(Principal office address)

9. 1000 PGA Tour Boulevard, Ponte Vedra Beach, FL 32082 (Mailing address)			
(Ividini	ig itauess)		
10. Name, principal office address, and mailing address of each general partner:			
RQB Jacksonville, LLC	1000 PGA Tour Boulevard		
(Name)	(Street Address) Ponte Vedra Beach, FL 32082		
MU7000002632	Same as above		
	(Mailing Address)		
(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	of filing:
Effective date cannot be prior to i filed by the Florida Department of	nor more than 90 days after the date this document is fState.)
to the delivery of this application t	stence duly authenticated, not more than 90 days prior to the Florida Department of State, by the Secretary of ody of the entity's records in the jurisdiction under the
Signed this day	y of Jan. 2007
,	RQB JACKSONVILLE, LLC General Partner
	By: David O'Halloran
	Manager
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75