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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BROAD AND CASSEL (ORLANDO)
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

KTR Investments Limited Partnership

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	$1,008.75

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DIVISION OF CORPORATIONS

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T. Hampton JUL 17 2007

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KTR Investments Limited Partnership
(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:

Scott G. Miller
(Contact Person)

Broad and Cassel
(Firm/Company)

390 N. Orange Avenue, Suite 1400
(Address)

Orlando, FL 32801
(City, State and Zip Code)

For further information concerning this matter, please call:

Kevin L. Ryman at (813) 783-6517
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $1,000.00 Filing Fee ($965 Filing Fee and $35 Registered Agent Fee)

☑ $1,008.75 Filing Fee and Certificate of Status

☐ $1,052.50 Filing Fee and Certified Copy

☐ $1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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

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

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

1. KTR Investments Limited Partnership

(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. Nevada (State or Country of Formation)

3. April 20, 2006 (Date of Formation)

4. Kevin L. Ryman, Co-Manager
(Name of Registered Agent for Service of Process)

5. 11248 Manaker Road
(Florida street address for Registered Agent)
Dade City, Florida 33525

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 and accept the obligations of my position as registered agent.*

Signature of Registered Agent

7. 11248 Manaker Road
(Principal office address)
Dade City, Florida 33525

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

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9. _____
(Mailing address)

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

Kevin L. Ryman, Co-Manager
(Name)
11248 Mansker Road
(Street Address)
Dade City, Florida 33525
(Mailing Address)

Tammy L. Ryman, Co-Manager
(Name)
11248 Mansker Road
(Street Address)
Dade City, Florida 33525
(Mailing Address)

_____
(Name)
_____
(Street Address)
_____
(Mailing Address)

_____
(Name)
_____
(Street Address)
_____
(Mailing Address)

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(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 July, 2007.

Signature of a general partner:

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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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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify, that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KTR INVESTMENTS LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 17, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 11, 2007.

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20070711-1597
You may verify this electronic certificate online at http://secretaryofstate.biz/

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ANNUAL LIST OF GENERAL PARTNERS AND RESIDENT AGENT OF

KTR INVESTMENTS LIMITED PARTNERSHIP

(Name of Limited Partnership OR Limited Liability Limited Partnership)

FILE NUMBER: E0296802006-2

FOR THE FILING PERIOD OF: 4/2007 TO: 4/2008

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

RESIDENT AGENTS OF NEVADA INC
711 S CARSON ST
#4
CARSON CITY, NV 89701

☐ ENTER BOX IF YOU RETURN A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

Filed in the office of
Ross Miller
Secretary of State
State of Nevada

Document Number: 20070199312-24
Filing Date and Time: 03/22/2007 8:29 AM
Entity Number: E0296802006-2

FILE ABOVE SPACE IS FOR OFFICE USE ONLY

Important: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all general partners. A General Partner must sign the form. ADDITIONAL LIST ATTACHED IF ENCLOSED
2. If there are additional general partners, attach a list of them to this form.
3. Return the completed form with the $165.00 filing fee. A $75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date will be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business. To receive a certified copy, enclose an additional $30.00 and specify the number(s).
5. Return the completed form or facsimile of it to: 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted to establish date.) Forms received after due date will be assessed for additional fees and penalties.

LIMITED PARTNERSHIP: FILING FEE: $125.00 LATE PENALTY: $75.00

LIMITED LIABILITY LIMITED PARTNERSHIP: FILING FEE: $175.00 LATE PENALTY: $75.00

NAME	TITLE(S)		
KEVIN L. RYMAN FAMILY TRUST DTD OCTOBER ,2006	GENERAL PARTNER		
ADDRESS: 0812 BEECH STREET	CITY: ZEPHYRHILLS	ST: FL	ZIP: 33542
NAME: KTR INVESTMENTS OF ZEPHYRHILLS, LLC	TITLE(S): GENERAL PARTNER		
ADDRESS: 711 S CARSON ST STE 4	CITY: CARSON CITY	ST: NV	ZIP: 89701
NAME: TAMMY L. RYMAN FAMILY TRUST DTD OCTOBER ,2005	TITLE(S): GENERAL PARTNER		
ADDRESS: 0812 BEECH STREET	CITY: ZEPHYRHILLS	ST: FL	ZIP: 33542
NAME:	TITLE(S): GENERAL PARTNER		
ADDRESS:	CITY:	ST:	ZIP:
NAME:	TITLE(S): GENERAL PARTNER		
ADDRESS:	CITY:	ST:	ZIP:

I certify, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of General Partner: TAMMY L RYMAN
Title: MANAGER
Date: 3/22/2007 8:21:24 AM

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