Division of Corporations

**Public Access System** 

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000268343 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : Florida Research & Filing Services, Inc.

Account Number : 120030000083

: (850)656-6446 Phone

Fax Number : (850)942-6446

## FLORIDA/FOREIGN LP/LLLP

GRAND RESERVE/WW-CB, L.P.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$1,008.75

Electronic Filing Menu

Corporate Filing: Menu

B. KOHR DEC - 5 2008

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

Grand Reserve/WW-CB, L.P.	•
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include sufflx) 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 L.I.J.P.	
(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.)	
<sub>2.</sub> TN <sub>3.</sub> May 24, 1995	_
(State or Country of Formation) (Date of Formation)	-
, NRAI Services, Inc.	
(Name of Registered Agent for Service of Process)	
5 <sub>.</sub> 2731 Executive Park Drive, Suite 4	
(Florida street address for Registered Agent)	
Weston, FL 33331	**
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 an accept the obligations of my position as registered agent.  Signature of Rogistered Agent	
3301 West End Avenue, Suite 200, Nashville, TN 37203	
(Principal office address)	08 00
If limited partnership is a limited liability limited partnership, check box	S. S. E.
Page 1 of 3	PH 1: 35
	)* . k e k

9. 3301 West End Avenue, Suite 200, Nashville, TN 37203 (Mailing address)  10. Name, principal office address, and mailing address of each general partner:		
(Name)	Nashville, fil 3/203	
MOSUUUU05286	Same (Malling Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
•	(Mailing Address)	

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of filing:	than 90 days after the date this document is
12. Attached is a certificate of existence duly to the delivery of this application to the Flori State or other official having custody of the claw of which it is organized.	ida Department of State, by the Secretary of
Signed this <u>20</u> day of Nov	rember
Signature of a general partner:	thorized Person
,	

Page 3 of 3

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50

Filing Fees: Certified Copy (optional): Certificate of Status (optional): Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 11/20/2008 H08000268343 REQUEST NUMBER: 08325534 TELEPHONE CONTACT: (615) 741-6488

FILE/REGISTRATION DATE: 05/24/1995 STATUS: ACTIVE CONTROL NUMBER: 0295189 JURISDICTION: TENNESSEE

TO: KATHY TEAGUE/WALLER LANSOEN 511 UNION ST

NASHVILLE, TN 37219

REQUESTED BY: KATHY TEAGUE/WALLER LANSDEN 511 UNION ST

NASHVILLE, TN 37219

## CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"GRAND RESERVE/WW-CB, L.P."

IS A LIMITED PARTMERSHIP DULY CREATED UNDER THE LAW OF THIS STATE, WHOSE CERTIFICATE OF LIMITED PARTMERSHIP WAS FILED WITH THIS OFFICE ON THE DATE GIVEN ABOVE. THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED PARTMERSHIP HAVE BEEN PAID AND THAT A CERTIFICATE OF CANCELLATION OF LIMITED PARTMERSHIP HAS NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/20/08

FROM: WALLER LANSDEN DORTCH & DAVIS (511 UNION 511 UNION 51/#2700 PO BOX 198966 NASHVILLE, TN 37219-8966

FEES #20.00

#0.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

**\$20.00** 

RECEIPT NUMBER: 00004498198 ACCOUNT NUMBER: 00000832



RILEY C. DARNELL SECRETARY OF STATE H08000268343