

Division of Corporations

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**FILE 00000002**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jimjr@condormgt.com

**FLORIDA/FOREIGN LP/LLLP  
PALM COVE APARTMENTS, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

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December 28, 2015

GREENSPOON MARDER, P.A.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: PALM COVE APARTMENTS, LLLP  
REF: W15000082267

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H15000302273  
Letter Number: 115A00026916

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA1. Palm Cove Apartments, LLLP

(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 L.L.L.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.

2. Minnesota

State or Country of Formation

3. October 14, 1991

Date of Formation

4. Federal Employer Identification Number: 41-1707691

5. Name of Registered Agent for Service of Process and Florida Street Address:

Greenspoon Marder, P.A.200 E. Broward Blvd., Ste 1800Fort Lauderdale, FL 33301

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. Thomas Coyle, Esq., for the firm

By: [Signature]

Signature of Registered Agent

7. Principal Office:

2320 Lexington Avenue SouthMendota Heights, Minnesota 55120

8. Mailing Address:

2320 Lexington Avenue SouthMendota Heights, Minnesota 551209. If limited partnership is a limited liability limited partnership, check box ☒

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

Name of General Partner: Riley Family Corporation FI6000000003

Name of General Partner:

Street Address: 2320 Lexington Avenue South

Street Address:

Mendota Heights, MN 55120Mailing Address: 2320 Lexington Avenue South

Mailing Address:

Mendota Heights, MN 55120

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing 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 22 day of December, 2015  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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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**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Palm Cove Apartments, LLLP
Date Filed:	10/14/1991
File Number:	LP-4950
Minnesota Statutes, Chapter:	321
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/22/2015



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota