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B. Tadlock JUN 23 2006

# COSTELLO, ROYSTON & POND

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS AND PROFESSIONALS

Voice (239) 939-2222 • Facsimile (239) 939-2280

Truman J. Costello, P.A.

Board Certified Wills, Trusts and Estates Lawyer

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Brittany Professional Centre 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

Stanley E. Pond

Admitted in Florida and California

**Mailing Address** Post Office Drawer 60205 Fort Myers, FL 33906-6205

June 20, 2006

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

ATTN: Brenda Tadlock

Sent By:

Regular U.S Mail Facsimile Transmission to:

Spanish Wells Properties Limited Partnership conversion to Spanish Wells

Properties, LLC

Dear Brenda:

Enclosed please find the completed Certificate of Conversion for Other Business Entity into Florida Limited Liability Company for the above referenced limited partnership. Also enclosed is the Articles of Organization for Florida Limited Liability Company and my check in the amount of \$185.00 for filing fees, certificate of status and certified copy.

If you have any questions concerning this conversion, please do not hesitate to contact me.

For the Firm TJC/bl

Direct Dial: (239) 939-2222 ext. 215

E-mail:

tcostello@csrlaw.com

Enclosures:

Certificate, Articles of Organization and fees for filing

cc:

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Spanish Wells Propert (Name of Resulting	ties, LLC g Florida Limited Company)
The enclosed Certificate of Conversion, As convert an "Other Business Entity" into a 'accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted t "Florida Limited Liability Company" in
Please return all correspondence concernin	g this matter to:
Truman J. Costello (Contact Person)	
Costello, Royston & Pond	
(Firm/Company)	
12670 New Brittany Blvd., S	Suite 101
(Address)	
Fort Myers, FL 33907 (City, State and Zip Code)	<u> </u>
For further information concerning this ma	itter, please call:
Truman J. Costello	at ( 239 ) 939-2222
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy 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

# DIVISION OF CORPORATIONS

# Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this			
Certificate of Conversion is:  Spanish Wells Properties Limited Partnership A950000837			
(Enter Name of Other Business Entity)  2. The "Other Business Entity" is a <u>limited partnership</u> . (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)			
			first organized, formed or incorporated under the laws of Florida
			(Enter state, or if a non-U.S. entity, the name of the country)
on <u>May 30, 1995</u> . (Enter date "Other Business Entity" was first organized, formed or incorporated)			
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:			
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:			
Spanish Wells Properties, LLC			
(Enter Name of Florida Limited Liability Company)			

Page 1 of 2

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 20th day of June	_20 <u>06</u>
Signature of Authorized Person	tistette
Printed Name: <u>Truman J. Costello</u> Title	: Special Counsel
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLE I - Name: The name of the Limited Liability Company is: Spanish Wells Properties, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 24880 Burnt Pine Drive #8 Bonita Springs, FL 34134 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Ned E. Dewhirst

Ned E. Dewnirst
Name

24880 Burnt Pine Drive #8

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

Bonita Springs, FL 34134 FL
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

B
B
B. 1111
David McArdle
1600 E. Main Street, Suite B
St. Charles, IL 60174
date of filing: (OPTIONAL
specific and cannot be more than five business days

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Truman J. Costello

Typed or printed name of signee

# Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)