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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

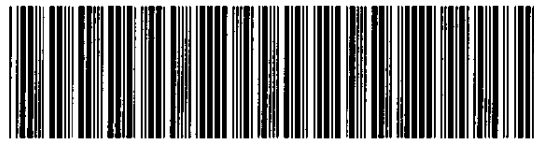
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status? _____

Special Instructions to Filing Officer:

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07/14/09--01024--010 **27.50

06/23/09--01060--016 **1025.00

FILED
2009 JUL 13 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 14, 2009

EXAMINER

GASSMAN, BATES & ASSOCIATES, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN **
LONDON L. BATES ***†
KENNETH J. CROTTY ***

- * LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN
WILLS, TRUSTS AND ESTATES
- ** CERTIFIED PUBLIC ACCOUNTANT
- *** LL. M. IN ESTATE PLANNING
- † CERTIFIED CIRCUIT COURT MEDIATOR

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
PHONE: (727) 442-1200
FAX: (727) 443-5829
GassmanBatesLawGroup.com

June 16, 2009

Florida Department of State / Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: GRANT ALLIANCE, L.L.C.

Dear Sirs/Madams:

Attached for filing please find a Certificate of Conversion, whereby GRANT ALLIANCE, L.L.C. will convert into GRANT ALLIANCE, L.L.L.P.

The Certificate of Limited Partnership of GRANT ALLIANCE, L.L.L.P., a Florida limited liability limited partnership is also attached, as well as a check in the amount of \$1,025 for filing fees.

Please provide our office with confirmation of filing.

June 16, 2009

Page 2

If you have any questions on the attached, please contact Tina Arvin of my office at 727-442-1200 x. 241.

Best personal regards,



Alan S. Gassman

ASG:try
Enclosures

cc: Rosalia Cacciotti (w/encls.)

TREASURY DEPARTMENT NOTICE: TO THE EXTENT THAT THIS MESSAGE OR ANY ATTACHMENT CONCERNS TAX MATTERS, IT IS NOT INTENDED TO BE USED AND CANNOT BE USED BY A TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED BY LAW.

JAC\Cacciotti, Rosalia\Grant Alliance, L.L.L.P\Sec. of State Filing Letter.1.wpd
7365-4



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2009

GASSMAN, BATES & ASSOCIATES, P.A.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

SUBJECT: GRANT ALLIANCE, L.L.L.P.
Ref. Number: W09000029438

We have received your document for GRANT ALLIANCE, L.L.L.P. and your check(s) totaling \$1025.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You filled out the wrong conversion form. Please complete the conversion form we are sending.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00021573

GASSMAN, BATES & ASSOCIATES, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN **
LONDON L. BATES ***†
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1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
PHONE: (727) 442-1200
FAX: (727) 443-5829
GassmanBatesLawGroup.com

June 30, 2009

Florida Department of State
Division of Corporations
Attn: Carolyn Lewis
P.O. Box 6327
Tallahassee, FL 32314

Re: GRANT ALLIANCE, L.L.L.P.

Dear Carolyn:

Pursuant to the attached correspondence of June 24, 2009, enclosed please find a revised Certificate of Conversion for filing with the Certificate of Limited Partnership that we previously submitted to your office.

We understand that your office has retained our check in the amount of \$1,025 for applicable filing fees.

As requested in your June 24th correspondence, we are enclosing one original and one copy of the corrected Certificate of Conversion.

Please provide our office with confirmation that the Certificate of Conversion and the Certificate of Limited Partnership have been filed on behalf of Grant Alliance, L.L.L.P.

June 30, 2009

Page 2

Please contact Tina Arvin of my office if you have any questions with respect to the attached.

Best personal regards,



Alan S. Gassman

ASG:try
Enclosures

cc: Rosalia Cacciotti (w/encls.)
Gabriella Mullins (w/encls.)

TREASURY DEPARTMENT NOTICE: TO THE EXTENT THAT THIS MESSAGE OR ANY ATTACHMENT CONCERNS TAX MATTERS, IT IS NOT INTENDED TO BE USED AND CANNOT BE USED BY A TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED BY LAW.

J:\C\Cacciotti, Rosalia\Sec. of State.1.wpd
7365-4

Certificate of Conversion
For
"Other Business Organization"
Into

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2009 JUL 13 AM 11:30

Florida Limited Partnership or Limited Liability Limited Partnership
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached **Certificate of Limited Partnership** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Partnership or Limited Liability Limited Partnership** in accordance with s.620.2104, Florida Statutes.

1. The name of the **"Other Business Entity"** immediately prior to the filing of this Certificate of Conversion is:

GRANT ALLIANCE, L.L.C.

(Enter Name of Other Business Entity)

2. The **"Other Business Entity"** is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: corporation, limited liability company, 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 NOVEMBER 12, 1999

(Enter date **"Other Business Entity"** was first organized, formed or incorporated)

3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached **Certificate of Limited Partnership**:

GRANT ALLIANCE, L.L.L.P.

(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached **Certificate of Limited Partnership**, if an effective date is listed therein.)

Signed this 29th day of June, 2009.

Signature of Each General Partner Listed in Attached Certificate of Limited Partnership/Limited Liability Limited Partnership:

Signature: [Signature]
Printed Name: Alan S. Gassman, as authorized representative for Rosalia Cacciotti, Trustee Title: GP

Signature: [Signature]
Printed Name: Alan S. Gassman, as authorized representative for Rino Cacciotti Title: GP

Signature: [Signature]
Printed Name: Alan S. Gassman, as authorized representative for Gabriella Mullins Title: GP

Signature: [Signature]
Printed Name: Alan S. Gassman, as authorized representative for Anna Cacciotti Title: GP

Signature: [Signature]
Printed Name: Alan S. Gassman, as authorized representative for Tony Cacciotti Title: GP

Signature: _____
Printed Name: _____ Title: _____

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Same
Printed Name: Alan S. Gassman, as authorized representative for Tony Cacciotti Title: MGR

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$ 52.50
- Fees for Florida Certificate of Limited Partnership: \$1,000.00
(\$965 Filing Fee and \$35 Filing Fee)
- Certified Copy: \$ 52.50 (Optional)
- Certificate of Status: \$ 8.75 (Optional)

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2009 JUL 13 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
2009 JUL 13 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. GRANT ALLIANCE, L.L.L.P.

(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.

2. 975 Broadway

(Street address of initial designated office)

Dunedin, Florida 34698

3. TONY CACCIOTTI

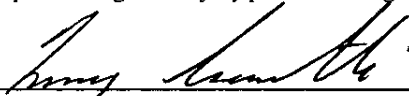
(Name of Registered Agent for Service of Process)

4. 1035 Broadway

(Florida street address for Registered Agent)

Dunedin, FL 34698

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



Signature of Registered Agent

6. 975 Broadway

(Mailing address of initial designated office)

Dunedin, Florida 34698

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

2009 JUL 13 AM 11:30

Name:

Business Address:

Rosalia Cacciotti, Trustee

1035 Broadway

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dunedin, FL 34698

Rino Cacciotti

1035 Broadway

Dunedin, FL 34698

Gabriella Mullins

1035 Broadway

Dunedin, FL 34698

Anna Cacciotti

1035 Broadway

Dunedin, FL 34698

Tony Cacciotti

1035 Broadway

Dunedin, FL 34698

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 16th day of June, 2009

Signature of each general partner:

Rosalia Cacciotti

Gabriella Mullins

Tony Cacciotti

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

FILED

2009 JUL 13 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Rosalia Cacciotti, Trustee

1035 Broadway

Dunedin, FL 34698

Rino Cacciotti

1035 Broadway

Dunedin, FL 34698

Gabriella Mullins

1035 Broadway

Dunedin, FL 34698

Anna Cacciotti

1035 Broadway

Dunedin, FL 34698

Tony Cacciotti

1035 Broadway


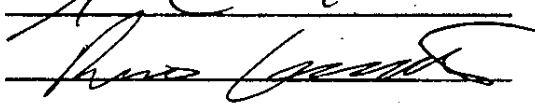
Dunedin, FL 34698

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 16th day of June, 2009

Signature of each general partner:

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75