

A01000001549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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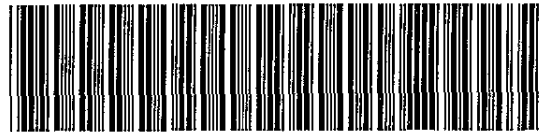
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 2 2004

TRANSMITTAL LETTER

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2003 DEC 22 PM 3:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: The Luttinger Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A01000001549

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe A. Catarineau, Esq.
(Name of Person)

Thomson & Associates
(Firm/Company)

370 Minorca Avenue, Suite One
(Address)

Coral Gables, FL 33134
and Zip Code)

For further information concerning this matter, please call:

Joe A. Catarineau at (**305**) **443-5444**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
The Luttinger Limited Partnership

Insert limited partnership's Florida document number: **A01000001549**

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

The Luttinger Limited Partnership, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:
(if different from current recorded address):

4. The street address of principal office in Florida:
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

as of the date this document is filed with the Florida Secretary of State

or

_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Joe A. Catarineau, Esq.

370 Minorca Avenue, Suite One

Coral Gables, Florida **33134**

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 1st day of December, 2003.

Signature of TWO Partners:

Nina Luttinger
Tanya Luttinger

Typed or printed names of partners signing above:

Nina Luttinger
Tanya Luttinger

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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