

CORP DIRECTOR AGENTS, INC. (Formerly FIC(S))
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

A03000000671

File
GND
11

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Tricia Tadlock
DATE: 5.1.03
REF. #: 0174.14912
CORP. NAME: 3RD Avenue Associates L.L.C.

03 MAY - 1 PM 12:49
FILED
RECEIVED
03 MAY - 1 PM 11:09
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
- ☒ OTHER: limited liability limited Partnership

STATE FEES PREPAID WITH CHECK# 505131 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 05/01/03--01015--016 **77.50
100017817007-5
COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials [Signature]

A03-671
[Signature]

**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:

3RD AVENUE ASSOCIATES, LTD.

However, the partnership shall be known as 3rd Avenue Associates, L.L.L.P.
Insert limited partnership's Florida document number: _____

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: L.L.L.P.

(LLP, LLLP.)

3. The street address of its chief executive office: 240 S. PINEAPPLE AVENUE

(if different from current recorded address):

10TH FLOOR

SARASOTA, FL 34236

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:

X 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:

DAVID S. BAND

240 S. PINEAPPLE AVENUE, 10TH FLOOR

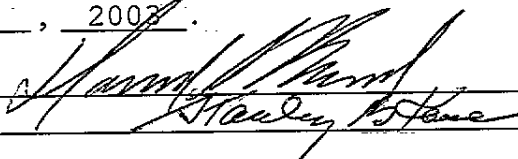
SARASOTA, Florida 34236

FILED
03 MAY - 1 PM 12:49
TALLAHASSEE, FLORIDA

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 30th day of APRIL, 2003.

Signature of TWO Partners: _____



Typed or printed names of partners signing above:

DAVID S. BAND

STANLEY B. KANE, Trustee of the Stanley B. Kane
Revocable Trust u/a/d 3/14/89, as amended

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75