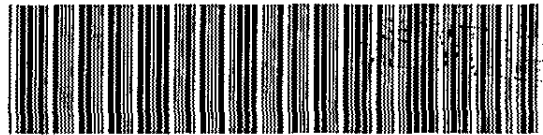


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2004 MAY -7 P 12:1



OF STATE  
FLORIDA

500035239045

05/07/04--01050--003 \*\*50.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

2004 MAY -7 P 12: 17

**TO:** Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: 272 Limited Partnership**

(Name of Limited Partnership)

**DOCUMENT NUMBER: A 0400000065 7**

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:

**Tony Angella**

(Name of Person)

(Firm/Company)

**528 N Iuna Court**

(Address)

**Hollywood, FL 33021**

and Zip Code)

For further information concerning this matter, please call:

**Same**

(Name of Person)

at **954**

**966-7265**

(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

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1. The name of the limited partnership as identified in the records of the Florida Department of State: 272 Limited Partnership

Insert limited partnership's Florida document number: A 04000000657  
or

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

272 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:

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:

John G Angella

735 NE 166 Street # 4

Miami

Florida 33162

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 5 day of May, 2004

Signature of TWO Partners:

John G Angella  
John G Angella

Typed or printed names of partners signing above:

JOHN G ANGELLA

President of J.G.A. Properties Inc. GENERAL PARTNER

John Angella, Limited Partner

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75