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(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MPI Holdings, Ltd.  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Raul Masvidal Managing Director  
(Name of Person)

Masvidal Partners Inc.  
(Firm/Company)

201 Alhambra Circle, Suite 700  
(Address)

Coral Gables, FL 33134.  
and Zip Code)

For further information concerning this matter, please call:

Raul Masvidal at ( 305 ) 448-3500  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:  
MPI Holdings, Ltd. LLLP

Insert limited partnership's Florida document number: N/A  
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:

MPI Holdings, Ltd, LLLP  
(Must include L.L.P. or L.L.L.P.)

3. The street address of its chief executive office: 201 Alhambra Circle, Suite 700  
(if different from current recorded address): Coral Gables, FL 33134.

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:  
Raul Masvidal  
201 Alhambra Circle, Suite 700  
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 17 day of February, 2005

Signature of TWO Partners: MASVIDAL PARTNERS, INC.  
BY: [Signature] ITS MANAGING DIRECTOR  
[Signature]  
MASVIDAL PARTNERS, INC.  
RAUL MASVIDAL, MANAGING DIRECTOR  
JUAN H. DELGADO

Typed or printed names of partners signing above: \_\_\_\_\_  
MASVIDAL PARTNERS, INC.  
RAUL MASVIDAL, MANAGING DIRECTOR  
JUAN H. DELGADO

Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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