

OCT-19-2006 15:51

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KRAMER GREEN  
**A06000001222**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.  
Account Number : 073707002173  
Phone : (954)966-2112  
Fax Number : (954)981-1605

FILED  
06 OCT 19 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 OCT 19 AM 8:02  
DIVISION OF CORPORATION

**FLORIDA/FOREIGN LP/LLP**

**RODIN VARENNE HOLDINGS, LLLP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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Corporate Filing Menu

Help

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RODIN VARENNE HOLDINGS, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

MITCHELL F. GREEN, ESQ.  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)  
4000 Hollywood Blvd., Suite 485S  
(Address)

Hollywood, FL 33021  
(City, State and Zip Code)

For further information concerning this matter, please call:

Mitchell F. Green at ( 954 ) 966-2112  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CR2E030 (01/06)

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

1. RODIN VARENNE HOLDINGS, LLLP

*(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 L.L.P.*

2. 2532 Hunters Run Way

*(Street address of initial designated office)*

Weston, Florida 33327

3. MITCHELL F. GREEN, ESQ.

*(Name of Registered Agent for Service of Process)*

4. 4000 Hollywood Blvd., Suite 485S

*(Florida street address for Registered Agent)*


Hollywood, FL 33021

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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. 2532 Hunters Run Way

*(Mailing address of initial designated office)*

Weston, Florida 33327

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:

Name:

Business Address:

BABAK SHEIKH

2532 Hunters Run Way

Weston, Florida 33327

_____	_____
_____	_____
_____	_____
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT 19 AM 9:56

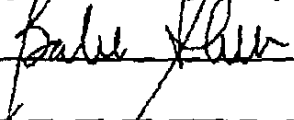
FILED

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 19th day of October, 2006.

Signature of each general partner:

 10/19/06

\_\_\_\_\_

\_\_\_\_\_

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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