

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gator Five Points Partners, 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:

Julie A. Carson, Paralegal

(Contact Person)

Gator Development Corp.

(Firm/Company)

1595 NE 163 Street

(Address)

North Miami Beach, FL 33162

(City, State and Zip Code)

For further information concerning this matter, please call:

Julie A. Carson, Paralegal

(Name of Contact Person)

at (305) 949-9049 ext. 15

(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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 07 OCT 23 PM 2:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

1. Gator Five Points Partners, 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 LLLP.*

2. 1595 NE 163 Street

(Street address of initial designated office)

North Miami Beach, FL 33162

3. James A. Goldsmith

(Name of Registered Agent for Service of Process)

4. 1595 NE 163 Street

(Florida street address for Registered Agent)

North Miami Beach, FL 33162

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. 1595 NE 163 Street

(Mailing address of initial designated office)

North Miami Beach, FL 33162

7. If limited partnership elects to be a limited liability limited partnership, check box

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PALM BEACH, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Gator Five Points, LLC

1595 NE 163 Street

LOT-107913

North Miami Beach, FL 33162

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 _____ day of October, 2007.

Signature of each general partner:

Gator Five Points, LLC

By: _____

James A. Goldsmith, Manager

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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TALLAHASSEE, FLORIDA