MICHAEL D. FRIEDMAN, P.A.

ATTORNEY AT LAW

A24239

May 28, 2002

FILED
2002 JUN -4 PM 1:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

VIA CERTIFIED MAIL –
RETURN RECEIPT REQUESTED

Secretary of State of the State of Florida
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Statements of Qualifications/Partnership Registration Statements

Dear Sir or Madam:

900005677199--2
-06/04/02--01039--005
*****25.00 *****25.00

Enclosed for filing please find the following:

1. Crossings Shopping Village Associates Limited. Statement of Qualification for Florida Limited Liability Limited Partnership together with a check payable to the Florida Department of State in the amount of $25.00 representing the filing fee.

2. Young Circle Shopping Center Associates.

(a) Statement of Qualification for Florida or Foreign Limited Liability Partnership together with a check payable to the Florida Department of State in the amount of $25.00 representing the filing fee.

(b) Partnership Registration Statement together with a check payable to the Florida Department of State in the amount of $50.00 representing the filing fee.

3. Coral Haven Apartments.

(a) Statement of Qualification for Florida or Foreign Limited Liability Partnership together with a check payable to the Florida Department of State in the amount of $25.00 representing the filing fee.

(b) Partnership Registration Statement together with a check payable to the Florida Department of State in the amount of $50.00 representing the filing fee.

Also enclosed is a self-addressed stamped envelope for the return of the above filed documents. Kindly call the undersigned immediately if you have any questions or problems with the foregoing. Thank you for your assistance in this matter.

Respectfully yours,

Carol Housman
Legal Assistant

Enclosures
c:\wpdocs\friedman\forms\Statements.sec

930 Washington Avenue, 4th Floor $ Miami Beach, FL 33139 $ Tel: (305) 674-7300 $ Fax: (305) 674-7305

J. BRYAN JUN - 7 2002

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
2002 JUN -4 PM 1:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State: Crossings Shopping Village Associates Limited

Insert limited partnership's Florida document number: A24239
or
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 930 Washington Avenue, 4th Floor
(if different from current recorded address): Miami Beach, FL 33139

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:
Michael D. Friedman
930 Washington Avenue, 4th Floor
Miami Beach, Florida 33139

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 24th day of May, 2002.

Signature of TWO Partners:

Typed or printed names of partners signing above: Stanley Friedman
Michael D. Friedman

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

INHS66(1/00)