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## **COVER LETTER**

**Division of Corporations** LJR Partners, LLC SUBJECT: Name of Limited Liability. Company Dear Sir or Madam: The enclosed Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey L. Kluger Name of Person Firm/Company 6600 NW 74th Avenue Address Miami, Florida 33166 City/State and Zip Code jkluger@agiftcorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eliot W. Rifkin, Esq. Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations **Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

TO:

Registration Section

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liability company submits the following authority:	staten en	tof
FIRST: The name of the limited liability company is:		
LJR Partners, LLC		
SECOND: The Florida Document Number of the limited liability company is: L07000069119		<u></u>
THIRD: The street address of the limited liability company's principal office is: 6600 NW 74th Ave		
Miami, Florida 33166		
The mailing address of the limited liability company's principal office is: 6600 NW 74th Ave		
Miami, Florida 33166		
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the position of a person in a company, whether as a member, transfered, manager, officer or otherwise or to person on the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to:  Jeffrey L. Kluger or Gary A. Kluger or Jennifer M. Kluger	status for a layer of	17 AUG -1 AN 7:2
b. No authority granted to:	<i>&gt;</i>	~
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to: Jeffrey L. Kluger or Gary, A. Kluger or Jennifer M. Kluger		
b. No authority granted to:		
Jeffrey L. Kluger  Signature of authorized representative  Typed or printed name of signature.		
Signature of authorized representative  Filing Fee: \$25.00  Certified Conv. \$30.00 (aprimed)	nature	