

A00000001447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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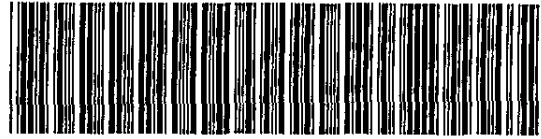
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUAREZ-MURIAS Family Partnership LTD
(Name of Limited Partnership)

DOCUMENT NUMBER: A00000001447

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:

JORGE SUAREZ-MURIAS (General Partner)
(Name of Person)

SUAREZ-MURIAS Family Partnership LTD
(Firm/Company)

275 HARBOR DRIVE
(Address)

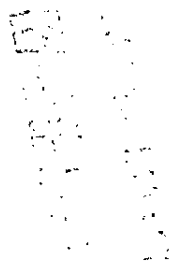
Key BISCAYNE FL 33149
(and Zip Code)

For further information concerning this matter, please call:

JORGE SUAREZ-MURIAS (305) 361-2272
(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



**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:

SUAREZ-MURIAS Family Partnership LTD

Insert limited partnership's Florida document number: A00000001447

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:

SUAREZ-MURIAS Family LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

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:
 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:

JORGE SUAREZ-MURIAS
275 HARBOR DRIVE
KEY BISCAYNE, Florida 33149

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 20 day of JUNE, 2005

Signature of TWO Partners: _____

Typed or printed names of partners signing above: JORGE SUAREZ-MURIAS
RAUL SUAREZ-MURIAS

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