

Secretary of State
A 000000001681

Address

City/State/Zip Phone #

7.50
FILED
NOV -3 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Washington Ridge Senior Village,
(Corporation Name) (Document #)
Ltd (LLP)

2. _____
(Corporation Name) (Document #)
200003452192--0
-11/06/00--01002--001
*****344.50 *****49.50

3. _____
(Corporation Name) (Document #)
200003452192--0
-11/06/00--01002--002
*****28.00 *****28.00

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☒ Petition Name

REGISTRATION/QUALIFICATION

☐ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

ff \$ 25.00
cc \$ 52.50

Examiner's Initials

**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:
WASHINGTON RIDGE SENIOR VILLAGE, LTD.

Insert limited partnership's Florida document number: _____
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: 1012 N Street, N.W.
(if different from current recorded address): Washington D.C., 20001

4. The street address of principal office in Florida: 1500 Miami Center
(if different from above) 201 South Biscayne Boulevard
Miami, Florida 33131

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:

Gary J. Cohen, Esq.
1500 Miami Center, 201 South Biscayne Boulevard
Miami, Florida 33131

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 1st day of November, 2000.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Washington Ridge Senior Village, LLC - GP
Jaime Bordenave, Manager
Jaime Bordenave, Limited Partner

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75