

A01000001275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

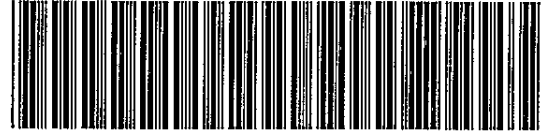
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400062085794

12/15/05--01016--005 **25.00

FILED
2005 DEC 15 PM 2:20
TALLAHASSEE, FLORIDA

DEC 19 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bonita Cove Villas Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: A01000001275

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:

Ted Klein
(Name of Person)

Theodore S. Klein Attorney at Law
(Firm/Company)

8030 Peters Road, Suite D-104
(Address)

Plantation, Florida 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Ted Klein at (954) 370-2533
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2005 DEC 15 PM 2:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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:

Bonita Cove Villas Ltd.

Insert limited partnership's Florida document number: A01000001275

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:

Bonita Cove Villas Ltd. LLLP

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

3. The street address of its chief executive office: 900 Bay Drive, PH1

(if different from current recorded address):

Miami Beach, Florida 33141

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:

Judith Berson-Levinson, 900 Bay Drive, PH1, Miami Beach, Florida 33141

_____, Florida _____

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 12th day of December, 2005.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: see attached execution page

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

FILED
2005 DEC 15 PM 2:50
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

Partner execution page for Statement of Qualification

Dated as of Dec 12, 2005.

Bonita Cove Villas Ltd., a Florida limited partnership

By: Pelican Harbour Management, Inc., a Florida corporation as its sole general partner

By: [Signature]
Steven Levinson, Its President

Joinder by at least one Limited Partner:

Levinson/Berson Family Revocable Trust U/A/D October 18, 2001

By: [Signature]
Steven Levinson, Co-Trustee

By: [Signature]
Judith Berson, Co-Trustee

FILED
2005 DEC 15 PM 2:50
JUDICIAL CLERK OF COURSE
TALLAHASSEE, FLORIDA