

N. Culligan JUN 27 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Australian Ave Hospitality, Ltd.

(Name of Limited Partnership)

DOCUMENT NUMBER: A02000000008

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:

Joshua G. Gerstin, Esq.

(Name of Person)

Gerstin & Associates

(Firm/Company)

1499 West Palmetto Park Rd., Suite 412, Boca Raton, FL

(Address)

33486

and Zip Code)

For further information concerning this matter, please call:

Joshua Gerstin, Esq.

(Name of Person)

at (561) 750-3456

(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

FILED
05 JUN 20 AM 11:17
SECRETARY OF STATE
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:
Australian Ave Hospitality, Ltd.

Insert limited partnership's Florida document number: A02000000008

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:

Australian Ave Hospitality, LLP

(Must include LLP 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:

Joshua Gerstin, Esq.

1499 West Palmetto Park Rd., Suite 412

Boca Raton, _____, Florida 33486

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 10 day of June, 2005.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: ROBERT GUARINI

JOHN COSTAS

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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