

A040000000162

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

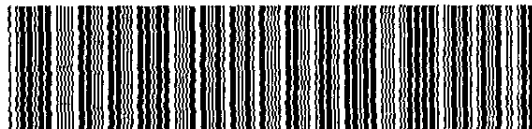
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials and number: "JP" and "1504"

LAW OFFICES
Barbara L. Wolf, P.A.
A PROFESSIONAL ASSOCIATION

Ft. Lauderdale Office

2425 East Commercial Boulevard
Marwayne Office Plaza, Suite 507
Fort Lauderdale, FL 33308
Telephone: (954) 351-6889
Fax: (954) 492-1112

Jupiter Office

1540 U.S. Highway One
Jupiter Cove Plaza, Suite 102
Jupiter, FL 33469
Telephone: (561) 745-4742
Fax: (561) 745-4798

June 7, 2004

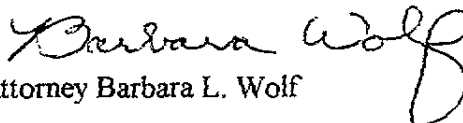
Florida Department of State
Secretary of State - Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Pozner Heritage Limited Partnership and MSJC Limited Partnership

Dear Division of Corporations:

Please find enclosed the original and one copy of a Statement of Qualification for Florida Limited Liability Limited Partnership signed by the partners of the Pozner Heritage Limited Partnership and the MSJC Limited Partnership along with my check in the total amount of \$67.50 for the filing fee in the amount of \$50 (\$25 x 2) plus \$17.50 (\$8.75 x 2) for a Certificate of Status (total check enclosed for \$67.50). Please file the originals immediately and date stamp the copy and return to me for my records along with the Certificates of Status. Thank you.

Sincerely,


Attorney Barbara L. Wolf

BLW:lw
encl.

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 8, 2004

BARBARA L. WOLF, P.A.
2425 E COMMERCIAL BLVD, STE 307
MARWAYNE OFFICE PLAZA
FORT LAUDERDALE, FL 33308

SUBJECT: MSJC LIMITED PARTNERSHIP
Ref. Number: A04000000162

We have received your document for MSJC LIMITED PARTNERSHIP and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Our records indicate Murray J Pozner as the registered agent of the limited partnership. The statement of qualification must have the same information. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 904A00043856

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 15, 2004

BARBARA L. WOLF, P.A.
2425 E COMMERCIAL BLVD, STE 307
MARWAYNE OFFICE PLAZA
FORT LAUDERDALE, FL 33308

SUBJECT: MSJC LIMITED PARTNERSHIP
Ref. Number: A04000000162

We have received your document for MSJC LIMITED PARTNERSHIP and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited partnership that is filing a statement of qualification must use "L.L.L.P." or "LLLP" as the adopted suffix. Please correct line 2 of the document.

Our records indicate Murray J Pozner as the registered agent of the limited partnership. The statement of qualification must have the same information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 204A0004002

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:
MSJC Limited Partnership

Insert limited partnership's Florida document number: A04000000162
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
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

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

4. The street address of principal office in Florida: same
(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:
Murray J. Pozner
1500 Sbe Ocean Blvd. - No. 301
Boca Raton, Florida 33432

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 7th day of June, ~~19~~ 2004.

Signature of TWO Partners: Murray J. Pozner
Sandra Pozner - Trustee

Typed or printed names of partners signing above: Murray J. Pozner
Sandra Pozner, Trustee

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

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TALLAHASSEE, FLORIDA