

A040000000928

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CLERK OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMANCHE N9025P LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000000928

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:

ROXANA I. NASCO, ESQ.

(Name of Person)

JOSEPH A. PORRELLO, P.A.

(Firm/Company)

550 BRICKELL AVENUE, PH-2, MIAMI, FLORIDA

(Address)

33131

(and Zip Code)

04 JUN 25 PM 1:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

ROXANA I. NASCO

(Name of Person)

at (305) 374-0092

(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:
COMANCHE N9025P LTD.

Insert limited partnership's Florida document number: **A04000000928**

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:

COMANCHE N9025P LTD., 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:

BRUCE BERKOWITZ

11401 NORTHWEST 19 STREET

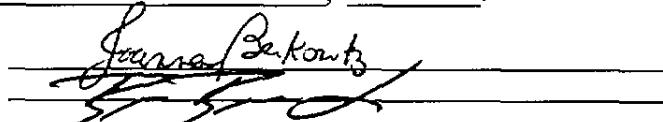
PLANTATION

Florida 33323

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 19th day of JUNE, 2004.

Signature of TWO Partners:



Typed or printed names of partners signing above: **JOANNA BERKOWITZ**

BRUCE BERKOWITZ

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

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FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS