

A04000001671

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W. P. V. Fee	\$25

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LAW OFFICES
SIMON & SIMON, P.A.

SEYMOUR J. SIMON (1943-1984)
GARY P. SIMON
CERTIFIED IN WILLS, TRUSTS AND ESTATE PLANNING
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September 30, 2004

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Set up and Conversion to 75TH AVENUE, LLLP

Dear Sir or Madam:

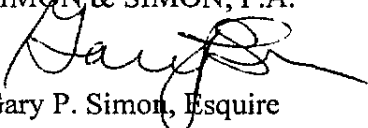
In connection with the above mentioned matter, enclosed please find the following documents for filing:

1. Affidavit of Capital Contributions for Florida Limited Partnership
2. Certificate of Limited Partnership
3. Statement of Qualification for Florida Limited Liability Limited Partnership
4. Certificate of Conversion
5. Check in the amount of **\$1,886.25** to cover the costs of filing; these.

a.	Filing Fee	\$1,750.00
b.	Registered Agent	\$ 52.50
c.	Certified Copy	\$ 25.00
d.	Statement of Qualification	\$ 25.00
e.	Certificate of Status	\$ 8.75
f.	Conversion Certificate	\$ 25.00

Please send the certified copy in the envelope provided for your convenience. Thank you for your attention to this matter.

Sincerely yours,
SIMON & SIMON, P.A.


Gary P. Simon, Esquire

GPS/lcv

cc: W. James Orovitz w/o enc.

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SECRETARY OF STATE
TALLAHASSEE, FL
SEP 30 2004
11:11 AM

**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: 75 Avenue, LLLP, a limited liability limited partnership

Insert 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
(“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: 13635 Deering Bay Drive, #224, Coral Gables, FL 33158
(If different from current recorded address)

4. The street address of principal office in Florida: 13635 Deering Bay Drive, #224, Coral Gables, FL 33158
(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:
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 P. Simon, Esquire, 9100 S. Dadeland Blvd., Suite 504, Miami, FL 33156

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 28th day of June, 2003.

75 Avenue, LLLP, a limited liability limited partnership

Signatures of ONE Partner:

W. James Orovitz
By: W. James Orovitz, general partner

Typed or printed name of partners signing above: W. James Orovitz