

A 040000002109

(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:

Name  
Availability

Document  
Examiner

DCC

Updater

DCC Use Only

Updater  
Verifier

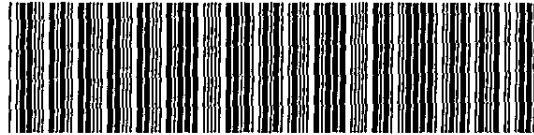
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



400043088434

12/11/04--01032--014 \*\*1042 05

12/11/04 13:39:00

*Suffix*

TC  
\$143,993.21

04000046557

**JOSEPH R. CASACCI, P.A.**

ATTORNEY AT LAW

SUITE 112  
1000 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FLORIDA 33316

JOSEPH R. CASACCI

December 9, 2004

TELEPHONE: (954) 525-9401  
FACSIMILE: (954) 525-2850  
E-MAIL: INFO@CASACCILAW.COM

**VIA FEDERAL EXPRESS  
AIRBILL # 8489 2298 6234**

SECRETARY OF STATE  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**Re: Certificate of Limited Partnership of 28 Enterprise  
Our File Number: 04-2556**

Gentlemen:

Enclosed herewith please find the following documents for filing with the State:

1. Certificate of Limited Partnership and Designation of Registered Agent; and
2. Affidavit of Capital Contributions for Florida Limited Partnership.

In addition, find enclosed the following filing fees:

1. Limited Partnership Filing Fee (\$143,993.21 x \$7.00) - \$1,007.95;
2. Registered Agent Designation - \$35.00

**TOTAL \$1,042.95**

Enclosed herewith is our firm's Trust Account check in the amount of One Thousand Forty-Two and 95/100 (\$1,042.95) Dollars. Duplicate copies have been enclosed for certification and return to my office with the appropriate certificate.

If you have any questions regarding the above, please feel free to contact me.

Very truly yours,

JOSEPH R. CASACCI  
For the Firm

JRC/lbg  
encls

**JOSEPH R. CASACCI, P.A.**

ATTORNEY AT LAW

SUITE 112  
1000 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FLORIDA 33316

JOSEPH R. CASACCI

December 29, 2004

TELEPHONE: (954) 525-9401  
FACSIMILE: (954) 525-2850  
E-MAIL: INFO@CASACCILAW.COM

**VIA FEDERAL EXPRESS  
AIRBILL # 8489 2298 6028**

Ms. Diane Cushing  
Document Specialist  
SECRETARY OF STATE  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**Re: Certificate of Limited Partnership of 28 Enterprise, Ltd.  
Our File Number: 04-2556**

Dear Ms. Cushing:

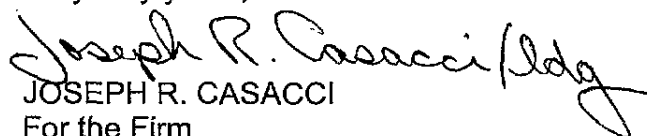
I am in receipt of your correspondence dated December 21, 2004 (original enclosed), in reference to the above captioned matter.

In that regard, as requested, I have enclosed the corrected Certificate of Limited Partnership form along with the corrected Affidavit of Capital Contributions for Florida Limited Partnership form.

Duplicate copies have been enclosed for certification and return to my office with the appropriate certificate.

If you have any questions regarding the above, please feel free to contact me.

Very truly yours,

  
JOSEPH R. CASACCI  
For the Firm  
(Signed in absence to avoid delay)

JRC/lbg  
encls



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 21, 2004

JOSEPH R. CASACCI  
JOSEPH R. CASACCI, P.A.  
1000 SOUTH ANDREWS AVENUE, SUITE 112  
FORT LAUDERDALE, FL 33316

SUBJECT: 28 ENTERPRISE  
Ref. Number: W04000046557

We have received your document for 28 ENTERPRISE and your check(s) totaling \$1042.95. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

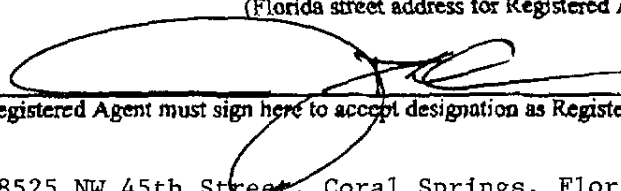
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 504A00070877

## CERTIFICATE OF LIMITED PARTNERSHIP

1. 28 Enterprise, Ltd.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 8525 NW 45th Street, Coral Springs, Florida 33065  
(Business address of Limited Partnership)
3. Joseph R. Casacci, P.A.  
(Name of Registered Agent for Service of Process)
4. 1000 South Andrews Avenue, Fort Lauderdale, Florida 33316  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 8525 NW 45th Street, Coral Springs, Florida 33065  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 09/22/2014
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

Cartwright LLC  
LO4000068918

8525 NW 45th Street  
Coral Springs, Florida 33065

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 9th day of December, 2004.

Signature of all general partners:

  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of* 28 Enterprise, Ltd.

*a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$ 143,993.21

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 143,993.21

Signed this 9th day of December, 2004

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner