

A05000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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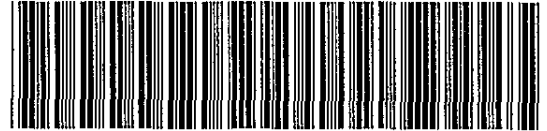
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

A05-259

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HACIENDA FOUR ACES PARTNERSHIP, LTD.  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

RICHARD A. ALAYON, ESQ.  
(Name of Person)

ALAYON & ASSOCIATES, P.A.  
(Firm/Company)

2450 SW 137th Avenue, Suite 221  
(Address)

MIAMI, FLORIDA 33175  
and Zip Code)

For further information concerning this matter, please call:

RICHARD A. ALAYON, ESQ. at ( 305 ) 221-2110  
(Name of Person) (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

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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:  
HACIENDA FOUR ACES PARTNERSHIP, LTD.

Insert limited partnership's Florida document number: A05000000259

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:

HACIENDA FOUR ACES PARTNERSHIP, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 2450 SW 137th Avenue  
(if different from current recorded address): Suite 228  
Miami, Florida 33175

4. The street address of principal office in Florida: 2450 SW 137th Avenue, Ste. 228  
(if different from above) Miami, Florida 33175

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:

A & A REGISTERED AGENT, INC.  
2450 SW 137th Avenue, Suite 221  
Miami, FL 33175, Florida \_\_\_\_\_

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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 3<sup>rd</sup> day of FEBRUARY, 2005

Signature of TWO Partners: 

Typed or printed names of partners signing above: PEDRO J. ADRIAN, TRUSTEE  
PEDRO J. ADRIAN, INDIVIDUALLY

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