

A 0 5 0 0 0 0 0 0 4 7 9

(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:

Office Use Only



400047017814

03/01/05--01043--005 **112.50

FILED
2005 MAR -1 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ALTMAN DEVELOPMENT CORPORATION

Tammy L. Melander
tmelander@altmancos.com

February 28, 2005

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Harborage Cottages II – Stuart, Ltd.

To Whom It May Concern:

In connection with the above-referenced, please find enclosed for filing one (1) original of the following:

- (i) A check to cover filing fees made payable to Florida Department of State Division of Corporations in the amount of \$112.50;
- (ii) Certificate of Limited Partnership;
- (iii) Acceptance of Appointment as Registered Agent;
- (iv) Affidavit of Capital Contributions; and
- (v) Statement of Qualification for Florida Limited Liability Limited Partnership.

Once you have had an opportunity to process please return the formation documents to me in the enclosed prepaid Federal Express envelope.

Should you have any questions, comments or concerns please do not hesitate to contact at (561) 314-1445.

Sincerely,

Tammy L. Melander
Paralegal

Enclosures

FILED
2005 MAR -1 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit Number: _____

**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:

Harborage Cottages II – Stuart, Ltd.

Limited partnership's Florida document number: _____

2. Suffix adopted for the above named partnership (LLLP, L.L.L.P.) **LLLP**
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.
7. The name and Florida street address of the partnership's agent for service of process:

**Jeffrey A. Deutch, P.A.
7777 Glades Road
Suite 300
Boca Raton, Florida 33434**

FILED
2005 MAR -1 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 February, 2005.

ALTMAN HARBORAGE COTTAGES GP, LLC,
a Florida limited liability company, its General Partner

By: _____

Joel L. Altman, Manager

Joel L. Altman

Fax Audit Number: _____