

A05000000739

2005 APR 13 A 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

was-16956

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Office Use Only



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03/31/05--01036--007 **1837.50



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

2005 APR 13 A 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 4, 2005

BRUCE C. ROSETTO, ESQ.
1200 N. FEDERAL HIGHWAY
SUITE 417
BOCA RATON, FL 33432

SUBJECT: TOWN CENTER REDEVELOPEMEMNT, LLLP
Ref. Number: W05000016956

We have received your document for TOWN CENTER REDEVELOPEMEMNT, LLLP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 105A00022741

FILED

2005 APR 13 A 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Phone: (561) 417-8119
Fax: (561) 417-8101
Email: belden@blankrome.com

April 11, 2005

BY OVERNIGHT DELIVERY

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

Re: Town Center Redevelopment, LLLP

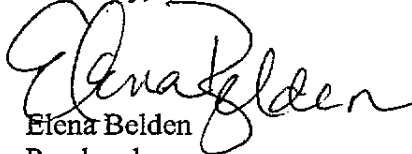
Dear Representative:

Thank you for your correspondence of April 4, 2005 (copy enclosed). Pursuant to my discussion with your office, this letter will confirm that Town Center Redevelopment, LLC (formed on March 16, 2005 – document number L05000026551) and the above referenced entity are owned and managed by the same people.

Accordingly, enclosed again are a Certificate of Limited Partnership and an Affidavit of Capital Contributions for the above-referenced entity. A check in the amount of \$1,837.50 was provided in our initial submission of the documents.

Please feel free to contact me if you have questions or need further information. Thank you in advance for your prompt attention to this matter.

Sincerely,


Elena Belden
Paralegal

Enclosures

cc: Bruce C. Rosetto, Esq. (w/o enclosures)



FILED

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 4, 2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Town Center Redevelopment, LLP

(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:

Bruce C. Rosetto, Esq.

(Name of Person)

Blank Rome LLP

(Firm/Company)

1200 N. Federal Highway, Suite 417

(Address)

Boca Raton, FL 33432

and Zip Code)

For further information concerning this matter, please call:

Bruce C. Rosetto

(Name of Person)

at (561) 417.8100

(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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

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DOCUMENT NUMBER: _____

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Division of Corporations
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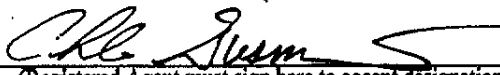
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

CERTIFICATE OF LIMITED PARTNERSHIP

2005 APR 13 A 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Town Center Redevelopment, LLLP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 790 Hillbrath Drive, Lantana, FL 33462
(Business address of Limited Partnership)
3. Charles Gusmano
(Name of Registered Agent for Service of Process)
4. 790 Hillbrath Drive, Lantana, FL 33462
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 790 Hillbrath Drive, Lantana, FL 33462
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2050

8. Name(s) of general partner(s): _____ Street address: _____

Charles Gusmano Same as above

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 29 day of March, 2005

Signature of all general partners:

General Partner


General Partner

General Partner

General Partner

General Partner

General Partner

**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:
Town Center Redevelopment, LLLP

Insert limited partnership's Florida document number: _____

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:

Town Center Redevelopment, LLLP

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

3. The street address of its chief executive office: 790 Hillbrath Drive
(if different from current recorded address): Lantana, FL 33462

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:

XX 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:

Charles Gusmano

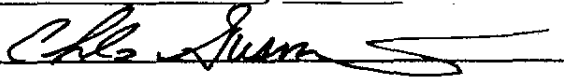
790 Hillbrath Drive

Lantana, Florida 33462

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 _____ day of March, 2005.

Signature of TWO Partners:



Typed or printed names of partners signing above: _____

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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

2005 APR 13 A 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of Town Center
Redevelopment, LLLP,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000,000.

Signed this 29 day of March, 2005.

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