

A05000001410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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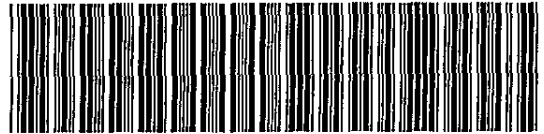
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AUBURN PLACE LTD  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** A05000001410

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:

GINO J. ANGELLA  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3841 THOMAS STREET, HOLLYWOOD, FL  
(Address)

33021  
and Zip Code)

For further information concerning this matter, please call:

GINO ANGELLA at (954) 989 4503  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

AUBURN PLACE, LTD

Insert limited partnership's Florida document number: A05000001410

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:

AUBURN PLACE LLP

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

3. The street address of its chief executive office:  
(if different from current recorded address):

3841 Thomas Street  
Hollywood, FL 33021

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

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:

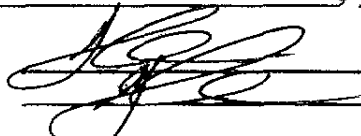
GINO J. ANGELLA  
3841 THOMAS ST

HOLLYWOOD, Florida 33021

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 29<sup>TH</sup> day of JULY, 2005.

Signature of TWO Partners:



Typed or printed names of partners signing above:

GINO J. ANGELLA

GINO J. ANGELLA, FOR AURORA HOLDINGS LLC

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

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