

A05000001616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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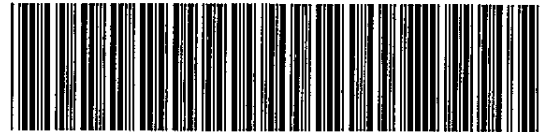
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3021 Lighthouse Point, Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000001616

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:

Michelle Klinger
(Name of Person)

Jonathan H. Green & Associates, P.A.
(Firm/Company)

799 Brickell Plaza, Suite 700
(Address)

Miami, FL 33131
and Zip Code)

For further information concerning this matter, please call:

Michelle Klinger at (305) 372-5100
(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

**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:
3021 Lighthouse Point, Ltd.

Insert limited partnership's Florida document number: A05000001616
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:

3021 Lighthouse Point, LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 450 Lakeview Drive
(if different from current recorded address): Melbourne, FL 32951

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:
John J. Russo
450 Lakeview Drive
Melbourne, Florida 32951

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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 17 day of August, 2005.

Signature of TWO Partners: [Handwritten Signature]

Typed or printed names of partners signing above: Michael Russo
John J. Russo

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