## P01000000409

00789-02544-0007 (Requestor's Name) (Address) 100067139021 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 03/07/06--01043--014 \*\*1052.50 (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

Office Use Only

1964 John

William 10

AL HODGER



March 9, 2006

CLIFFORD D. GRIFFITHS EMPIRE EQUITY PARTNERS, LLLP 800 VILLAGE SQUARE CROSSING, SUITE 317 PALM BEACH GARDENS, FL 33410

SUBJECT: EMPIRE EQUITY PARTNERS, LLLP

Ref. Number: W06000011584

We have received your document for EMPIRE EQUITY PARTNERS, LLLP and your check(s) totaling \$1052.50. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 306A00016436

Michelle Hodges Document Specialist

## **COVER LETTER**

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то:	Registration S Division of Co				
SUBJE	ECT:	EMPIRE ROYALTY	PAR	TNERS LTD	LLLP
		lorida Limited Partnership			
The en	closed Certific	ate of Limited Partner	ship ar	nd fees are subi	mitted for filing.
Please	return all corre	spondence concerning	this n	natter to:	
_	Cliffor	d Griffiths			
		(Contact Person)			
	EMPIRE R	OYALTY PARTNER	S LT	D, LLLP	
		(Firm/Company)			
	800 Vill	age Square Cro (Address)	<u>ssin</u>	g Suite 3	17
	Palm Bea	ch Gardens, FL	. 33	410	
		ity, State and Zip Code)			
For fur	rther information	on concerning this mat	ter, pl	ease call:	
	Clifford	Griffiths	at (_	561 )	373-4396 Daytime Telephone Number)
	(Name of Conta	ct Person)	_ `-	(Area Code and I	Daytime Telephone Number)
Enclos	sed is a check for	or the following amou	nt:		
(\$965 F	00.00 Filing Fees iling Fee and gistered Agent	\$1,008.75 Filing Fees and Certificate of Status		052.50 Filing Fee Certified Copy	s \$\int_\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
Regist Division Clifton 2661 I	ET ADDRESS ration Section on of Corporation Building Executive Center assee, FL 3236	ons er Circle		Registration	Corporations 327

CR2E030 (01/06)

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. EMPIRE ROYALTY PARTNERS LTD, LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.
2. 800 Village Square Crossing Suite 317
(Street address of initial designated office)
Palm Beach Gardens, FL. 33410
3. Clifford Griffiths
(Name of Registered Agent for Service of Process)
4. 800 Village Square Crossing Suite 317
(Florida street address for Registered Agent)
Palm Beach Gardens, FL. 33410
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  Signature of negistered Agent
6. 800 Village Square Crossing Suite 317
(Mailing address of initial designated office)
Palm Beach Gardens, FL. 33410
<del>-</del> -

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of eac Name:	ch general partner: <u>Business Address:</u>
Clifford Griffiths	800 Village Square Crossing
	Suite 317
	Palm Beach Gardens, FL.
	33401
Ava Gordon	800 Village Square Crossing
	Suite 317
	Palm Beach Gardens, FL.
	33410
9. Effective date, if other than the date of f	11ing: 03/25/2006
	or more than 90 days after the date the document is
Signed this day o	f March , 2006 .
Signature of each general partner:	
Afford Hotel	Ava Gordon.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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