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06/02/06--01013--022 **1052.50

DIVISION OF CORPORATIONS
OF 111N 13 PM 3: 40



J. BRYAN JUN 1 4 2006

May 31, 2006

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Madison Business Park, LLLP

To Whom It May Concern:

Enclosed please find the following documents:

- 1. Certificate of Limited Partnership
- 2. Acceptance of Appointment as Registered Agent
- 3. Affidavit declaring amount of capital contributions of limited partners
- 4. Check in the amount of \$1,052.50

I am requesting a certified copy of the Certificate of Limited Partnership to be sent to me at the following address:

David Lasser 4100 N. Powerline Road, Suite B – 2 Pompano Beach, FL 33073

Phone: 954-975-0055

Sincerely,

David Lasser, Partner



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2006

DAVID LASSER 4100 N. POWERLINE ROAD, SUITE B-2 POMPANO BEACH, FL 33073

SUBJECT: MADISON BUSINESS PARK, LLLP

Ref. Number: W06000025774

SECRETARY OF STATIONS
OIVISION OF CORPORATIONS

We have received your document for MADISON BUSINESS PARK, 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):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 106A00038969

Ice attached

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Madison Business Park, LLLP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Limited Partnership and fees are submitted for filing.	
Please return all correspondence concerning this matter to:	
	06 JUN 13
David Lasser	یب
(Contact Person)	E
Madison Business Park, LLLP	۔۔۔ دن
(Firm/Company)	~
4100 N. Powerline Road, Suite B - 2	77 J
(Address)	
Pompano Beach, FL 33073	•
(City, State and Zip Code)	
For further information concerning this matter, please call:	
David Lasser at (954) 975-0055	
(Name of Contact Person) (Area Code and Daytime Telephone Numb	er)
Enclosed is a check for the following amount:	
\$\bigcup \\$1,000.00 \text{ Filing Fees} \text{\$\sum \\$1,008.75 \text{ Filing Fees}} \text{\$\sum \\$1,0052.50 \text{ Filing Fees}} \text{\$\sum \\$1,061.25 \text{ Filing Fee}} \text{\$\sum \\$1,061.25 \text{ Filing Fee}} \text{\$\sum \\$25 \text{ Filing Fees}} \text{\$\sum \\$35 \text{ Registered Agent}} \text{Status} \text{Certificate of Status} \text{Certificate of Status} \text{\$\sum \\$25 \text{ Filing Fees}} \text{\$\sum \\$25 \text{ Filing Fees}} \text{\$\sum \\$25 \text{ Filing Fees}} \text{\$\sum \\$25 \text{ Filing Fees}} \qq \qq	es,
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

CR2E030 (01/06)

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

Acc	(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) reptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. reptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
2	4100 N. Powerline Road, Suite B - 2 (Street address of initial designated office)
	(Street address of initial designated office)
	Pompano Beach, FL 33073
3.	Lee S. Lasser
	(Name of Registered Agent for Service of Process)
4.	4100 N. Powerline Road, Suite B - 2
	(Florida street address for Registered Agent)
	Pompano Beach, FL 33073
con	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, I am familiar with and accept the obligations of my position as registered agent.
	Signature of Registered Agent
6.	4100 N. Powerline Road, Suite B - 2, Pompano Beach, FL 33073
_	(Mailing address of initial designated office)

8. Name and business address of eac Name:		r: s Addre <u>ss:</u>		
Lee S. Lasser Family Limited Partnership, No. 2	4100 N	Powerline	Road, Suite	e B - 2
#A05000000628	Pompano	Beach, FL		<u> </u>
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			<u>, </u>	
				
				
	<u> </u>			O DIVIE
				SECRETARY SECRETARY OF JUN 13
				TANK COL
				구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구
		<u> </u>		
			_	
O Effective data if all makes the data of f	:1:			
9. Effective date, if other than the date of fi	.nng;	 _	·	•
(Effective date cannot be prior to no filed by the Florida Department of S		ays after the d	ate the docume	ent is
Signed this 12th day o	•		2006	·
Signature of each general partner:				
Daniel Zarres, Partner of	las S. Lasar	Family Wa	Head Partners	ship No. 2
Daniel Lanes, larrer of				
		<u>-</u> .		
Filing Fees:	\$1,000.00 (\$965	Filing Fee and \$3	5 Registered Age	ent Fee)
Certified Copy (optional):	\$52.50			•
Certificate of Status (optional):	\$8.75 Page 2 of 2			