

A06 000001250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

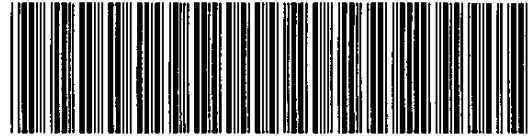
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/13/06--01018--020 **1061.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A06-1250
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RECEIVED
11-10-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2006

DANIEL LEVENE
4806 T-REX AVE, SUITE 100
BOCA RATON, FL 33431

SUBJECT: POINTE CAPITAL PRIVATE FUND L.P.
Ref. Number: W06000045240

We have received your document for POINTE CAPITAL PRIVATE FUND L.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 206A00061400

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POINTE CAPITAL PRIVATE FUND L.P.
(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:

DANIEL R. LEVENE
(Contact Person)

POINTE CAPITAL INC.
(Firm/Company)

4806 T-REX AVE SUITE 100
(Address)

BOCA RATON FL 33431
(City, State and Zip Code)

For further information concerning this matter, please call:

DALE SMITH at (561) 208 4465
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. POINTE CAPITAL PRIVATE FUND L.P.

*(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.L.P.
or LLLP.*

2. 4800 T-REX AVE SUITE 100

(Street address of initial designated office)

BOCA RATON FL 33431

3. DANIEL R. LEVENE

(Name of Registered Agent for Service of Process)

4. 7080 Via Marbella Boca Raton FL 33431

(Florida street address for Registered Agent)

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 Registered Agent

6. 4800 T-REX AVE SUITE 100

(Mailing address of initial designated office)

BOCA RATON FL 33431

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

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TALLAHASSEE, FLORIDA

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ELIZABETH LEVINE

11-10-06

8. Name and business address of each general partner:

Name:

Business Address:

DANIEL R. LEVENE

4800 T-REX AVE

SUITE 100 BOCA RATON FL 33431

PAUL R. RICHARDSON

4800 T-REX AVE SUITE 100

BOCA RATON FL 33431

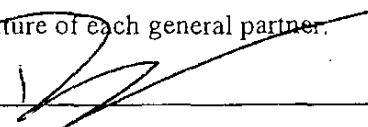
9. Effective date, if other than the date of filing:

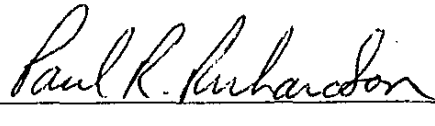
(Nov. 10, 2006)

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 10 day of OCTOBER, 2006

Signature of each general partner:





DANIEL R. LEVENE

PAUL R. RICHARDSON

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75