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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3 Acres 8	Estate, LLLP
(Name of Florida Limited Partnership or	
The enclosed Certificate of Limited Partnersh	ip and fees are submitted for filing.
Please return all correspondence concerning t	his matter to:
Eric Benson (Contact Person) SBL Realty (Firm/Company)	
SBL Realty	
(Firm/Company)	
501 Brickell Key Dri	Le Svite#/03
Miami, FL 33131 (City, State and Zip Code)	
(City, State and Zip Code)	
For further information concerning this matte	r, please call:
Eric Bensun	at (305) 358-2750 (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount	:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent Status \$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees Stand Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
14114114114114, 1 L J2J01	

CR2E030 (01/06)

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

1	3	Acre	25 E	state	e, LL	LP	
(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.	50	Bri	ckell	Key	Drive	# 103	07 J
_					designated offic		<u></u> =
	Mi	imi.	FL	331	31		ယ်
3	Ge	rard		rger			PH
			Name of Regi	stered Agent	for Service of Pro	ocess)	

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

501 Brickell Key Drive # 103

(Mailing address of initial designated office)

Miami, FL 33131

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

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FEI # 56-2667353

8. Name and business address of ea Name:	ch general partner: Business Address:
	501 Brickell Key Drive
Imperial Park Management Associates, LLP	Suite # 103
Associates, LLP	Miami, FL 33131
	LLP07-3626
	<u> </u>
9. Effective date, if other than the date of f	iling:
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date the document is State.)
Signed this 2nd day o	f July , 2007
Signature of each general partner:	
En Beron	
- Cerel	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fec) \$52.50 \$8.75

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