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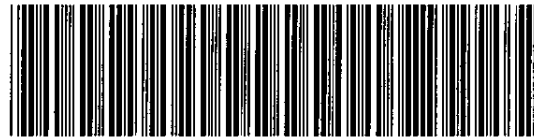
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J. BRYAN

APR 29 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TABY Family Limited Liability Limited Partnership
(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:

Sandra Zabelinski

(Contact Person)

Jonathan H. Green & Associates, P.A.

(Firm/Company)

799 Brickell Plaza, Suite 700

(Address)

Miami, Florida 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Sandra Zabelinski

(Name of Contact Person)

at (305) 372-5100

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
TABY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

THIS CERTIFICATE is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

(a) **Name.** The name of the subject limited partnership is the TABY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").

(b) **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

4000 Ponce de Leon Blvd, Ste. 650
Coral Gables, Florida 33146

Registered Agent; Registered Office. The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A.
799 Brickell Plaza, Suite 700
Miami, FL 33131

(c) **General Partner.** The names and business address of the General Partner(s) are:

RAFAEL P. PEREZ

(d) **Mailing Address.** The mailing address of the Partnership is:

4000 Ponce de Leon Blvd, Ste 650
Coral Gables, Florida 33146

(e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2055.

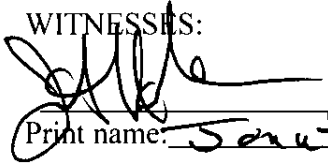
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(f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box ☒


IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 22 day of April, 2008.

WITNESSES:


Print name: Samuel H. Greer


RAFAEL P. PEREZ, General Partner


Print name: Rachel Tolley

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CONSENT TO SERVE AS REGISTERED AGENT

FOR THE

TABY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the TABY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: April 22, 2008.

JONATHAN H. GREEN & ASSOCIATES, P.A.
a Florida Corporation

By _____

JONATHAN H. GREEN

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