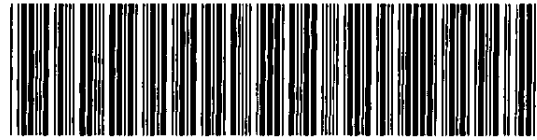


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(Requestor's Name)

(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:

789 611 1071

Office Use Only

W08-25232

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TALLAHASSEE, FLORIDA

SA Thomas JUN 04 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avocado Groves Partnership of Miami, 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:

Roland Sanchez-Medina Jr.
(Contact Person)
Sanchez-Medina & Associates, P.A.
(Firm/Company)
2333 Ponce de Leon Blvd, Suite 302
(Address)
Coral Gables, Florida 33134
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Roland Sanchez-Medina Jr. at (305) 448-4344
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2008

ROLAND SANCHEZ-MEDINA JR
2333 PONCE DE LEON BLVD STE 302
CORAL GABLES, FL 33134

SUBJECT: AVOCADO GROVES PARTNERSHIP OF MIAMI, LLLP
Ref. Number: W08000025232

We have received your document for AVOCADO GROVES PARTNERSHIP OF MIAMI, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 508A00032190

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Avocado Groves Partnership of Miami, 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.L.
or LLLP.

2. 4000 Ponce De Leon Blvd, Suite 770

(Street address of initial designated office)

Miami, Florida 33146

3. Roland Sanchez-Medina Jr.

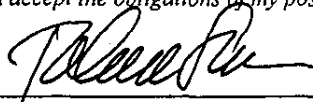
(Name of Registered Agent for Service of Process)

4. 2333 Ponce de Leon Blvd, Suite 302

(Florida street address for Registered Agent)

Coral Gables, Florida 33134

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. 4000 Ponce De Leon Blvd, Suite 770

(Mailing address of initial designated office)

Miami, Florida 33146

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Avocado Groves Management Corp.

4000 Ponce De Leon Blvd, Suite 770

Miami, Florida 33146

PO5000023303

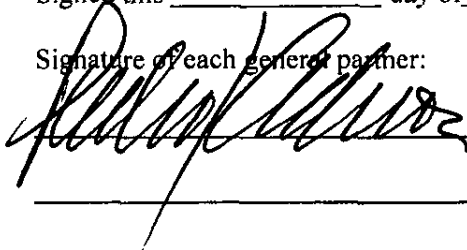
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TALLAHASSEE, FLORIDA

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

(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 14th day of May, 2008

Signature of each general partner:



_____, as president of Avocado Groves Management Corp.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75