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T. HAMPTON
SEP - 2 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

CR2E030 (01/06)

### SUBJECT: MARJAN 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:

Ann J. Zabielinski	
(Contact Person)	
Jonathan H. Green & Associate	s, P.A.
(Firm/Company)	
799 Brickell Plaza, Suite 700	
(Address)	
Miami, Florida 33131	
(City, State and Zip Code)	
For further information concerning this ma	
Ann J. Zabielinski	_at ( 305 ) 372-5100
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Status  \$2,000.00 Filing Fees and Certificate of Status	\$1.052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

#### CERTIFICATE OF LIMITED PARTNERSHIP

#### OF THE

#### MARJAN 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 MARJAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

1201 South Ocean Drive, #1601 North Hollywood, Florida 33019

**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 name of the General Partner(s) is:

#### SEYMOUR GORDON

(d) <u>Mailing Address</u>. The mailing address of the Partnership is:

1201 South Ocean Drive, #1601 North Hollywood, Florida 33019

(e) <u>Term</u>. The latest date upon which the Partnership is to dissolve is December 31, 2055.

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(f) <u>Election</u>. If limited partnership elects to be a limited liability limited partnership, check box **V**.

IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 15 day of Aucost, 2008.

WITNESSES:

Manual totana Print name: MANUEL 1441/2

SEYMOUR GORDON, General Partner

Dulsan 13k asayel Print name: Susan Braswel 1

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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS TO THE MARJAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned, the general partner of the MARJAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, a Florida limited partnership, hereby certify that:

The amount of the capital contributions of the limited partners to date is:

\$0.00

The total amount anticipated to be contributed by the limited partners is:

\$5,000,000.00

FURTHER AFFIANTS SAYETH NOT.

Under penalties of perjury, the undersigned declare that he has read the foregoing and knows the contents of the foregoing, and that the facts stated in the foregoing are true and correct.

Dated: August 15, 2008.

WITNESSES:

Print name: MANUEL HAND

rint name: THOUEL HAND

Print name: SUSAN Brascie

SEYMOUR GORDON, General Partner

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

#### CONSENT TO SERVE AS REGISTERED AGENT

#### FOR THE

#### MARJAN 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 MARJAN 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: <u>August 15</u>, 2008.

JONATHAN H. GREEN & ASSOCIATES, P.A.

a Florida Corporation

JONATHAN H. GREEN

08 AUG 29 AN 10: 46
SECRETARY OF STATE