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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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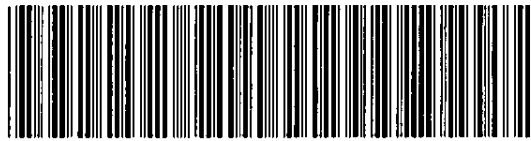
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE  
NOV 13 2008  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANA JUAN DAVID 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:

RACHEL L. TOLLEY

(Contact Person)

JONATHAN H. GREEN & ASSOCIATES

(Firm/Company)

799 BRICKELL PLAZA, SUITE 700

(Address)

MIAMI, FLORIDA 33131

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RACHEL L. TOLLEY

(Name of Contact Person)

at ( 305 ) 372-5100

(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

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF THE**

**ANA JUAN DAVID 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 ANA JUAN DAVID 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:

9305 SW 122 Lane  
Miami, Florida 33176

**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:  
JUAN GARCES, M.D., Trustee
- (d) **Mailing Address.** The mailing address of the Partnership is:

9305 SW 122 Lane  
Miami, Florida 33176

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

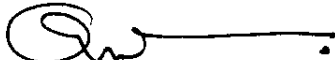
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(f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box .


IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 11<sup>th</sup> day of November, 2008.

WITNESSES:

  
Print name: ANN J. ZABIELINSKI

  
JUAN GARCES, M.D., trustee, his  
successor(s) as trustee(s) of the Juan  
Garces, M.D. Revocable Living Trust,  
General Partner

  
Print name: Randal Tolby

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**CONSENT TO SERVE AS REGISTERED AGENT**

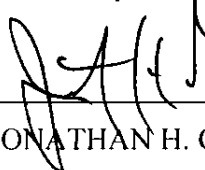
**FOR THE**

**ANA JUAN DAVID 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 ANA JUAN DAVID 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: November 11, 2008.

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

By   
JONATHAN H. GREEN

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