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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

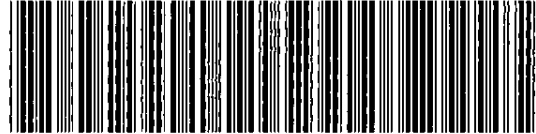
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W090000078071

Office Use Only



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06/15/09--01052--021 \*\*1053.50

FILED  
09 JUL - 7 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 08 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RADTKE FAMILY 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:

GERALD R. COLEN, ESQ.

Contact Person

DEVITO & COLEN, PA

Firm/Company

7243 BRYAN DAIRY ROAD

Address

LARGO, FL 33709

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD R. COLEN, ESQ.

Name of Contact Person

at ( 727 ) 545-8114

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

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09 JUL -7 PM 12:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2009

GERALD R. COLEN, ATTORNEY AT LAW  
7243 BRYAN DAIRY ROAD  
LARGO, FL 33777

SUBJECT: RADTKE FAMILY LIMITED PARTNERSHIP  
Ref. Number: W09000028071

We have received your document for RADTKE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1053.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The partnership agreement is not filed with the SOS, please retain with the company records.,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 909A00020391

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES OF  
GERALD R. COLLEN  
ATTORNEY AT LAW

GERALD R. COLLEN

CAROLYN K. MOORE, Paralegal  
MARY PATRICIA JORDAN, Paralegal

7243 BRYAN DAIRY ROAD  
LARGO, FLORIDA 34777  
TELEPHONE (727) 545-8114  
TELEFAX (727) 545-8227

June 12, 2009

Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

RE: RADTKE FAMILY LIMITED PARTNERSHIP AGREEMENT

To Whom It May Concern:

Pursuant to your instructions, enclosed please find the following:

1. Original and one copy of the Radtke Family Limited Partnership Agreement;
2. Check made payable to Department of State in the sum of \$1,053.50 to cover the following:

\$ 965.00	Filing Fee (Limited Partnership Fees)
\$ 53.50	Certified Copy
\$ 35.00	Designation of Registered Agent

\$1053.50

Please file the original of the enclosed documents and return a certified copy to the undersigned.

Yours very truly,

Gerald R. Colen

GRC/mpj  
Enclosures  
(09-157)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

1. RADTKE FAMILY LIMITED PARTNERSHIP

(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. 676 West Prospect Road  
(Street address of initial designated office)

Ft. Lauderdale, FL 33309

3. JOEL M. MARCUS  
(Name of Registered Agent for Service of Process)

4. 676 West Prospect Road  
(Florida street address for Registered Agent)

Ft. Lauderdale, FL 33309

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]  
Signature of Registered Agent

6. 676 West Prospect Road  
(Mailing address of initial designated office)

Ft. Lauderdale, FL 33309

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

JOEL M. MARCUS

676 West Prospect Road

Ft. Lauderdale, FL 33309

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TALLAHASSEE, FLORIDA

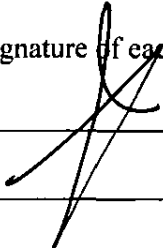
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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 28 day of June, 2009.

Signature of each general partner:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**