

A10000000733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

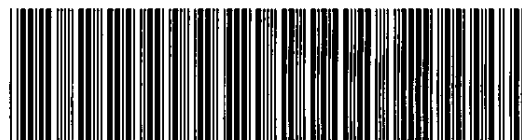
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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EXAMINER

**MICHAEL D. TANNENBAUM**

*Attorney at Law*

2161 PALM BEACH LAKES BLVD.  
SUITE 304  
WEST PALM BEACH, FLORIDA 33409

Telephone (561) 471-1406

Fax (561) 683-7551

November 10, 2010

Registration Section  
Division of Corporations  
PO box 6327  
Tallahassee, FL 32314

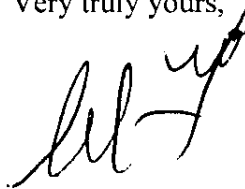
RE: CBM Associates Ltd.

Dear Sir or Madam:

Please find enclosed a Certificate of Limited Partnership and a check in the sum of \$1,052.00. The check represents the filing fee, agent fee and one certified copy.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



MICHAEL D. TANNENBAUM

MDT/lr  
Enclosure

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CBM ASSOCIATES, LTD

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:

Michael D. Tannenbaum, Esq.

Contact Person

Firm/Company

2161 Palm Beach Lakes Boulevard., #304

Address

West Palm Beach, FL 33409

City, State and Zip Code

MICHAEL@MDTLAWOFFICE.COM

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

For further information concerning this matter, please call:

Michael D. Tannenbaum, Esq. at ( 561 ) 471-1406

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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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TALLAHASSEE, FLORIDA

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

1. CBM ASSOCIATES, LTD

(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. 5061 Dessert Vixen Road

(Street address of initial designated office)

Palm Beach Gardens, FL 33418

3. Debra S. Stern

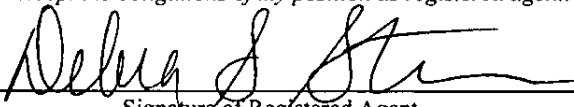
(Name of Registered Agent for Service of Process)

4. 5061 Dessert Vixen Road

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33418

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. 5061 Dessert Vixen Road

(Mailing address of initial designated office)

Palm Beach Gardens, FL 33418

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

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TALLAHASSEE, FL  
CLERK OF DISTRICT COURT

8. Name and business address of each general partner:

Name:

Business Address:

Debra S. Stern

5061 Dessert Vixen Road

Palm Beach Gardens, FL 33418

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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 10 day of November, 2010.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

Debra S. Stern  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**