## Division of Corporations

AS THE ILED. IT WAS ALSO PARTNER HAS

Division of Corporations Electronic Filing Cover Sheet

SUBMITTED TODAY ON FAX AUDIT

THIS NEEDS THE SAME print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. FILE DATE.

THANKS. \*\*\*\*\*\*\*

(((H10000277418 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : 120000000195

(850) 521-1000 (850) 558-1515 Phone Fax Number

\*\*Enter the email address for this business entity to be used for

annual report mailings. Enter only one email address please.

Email Address:

FLORIDA/FOREIGN LP/LLLP

## J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP II

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 30 2010

EXAMINER

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

1	J.A. Rapaport Family Limited Partnership It		
Acceptabl	ne of Limited Partnership or Limited Liability Limited Partnership, which must include Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  Je Limited Liability Limited Partnership suffixes: Limited Liability Limited Partners		· •
2.	19372 CEDAR GLEN DRIVE		
	(Street address of initial designated office)		
	BOCA RATON FLORIDA 35434	<del></del> _	
3	Amy E. Schultz	<del></del> _	
	(Name of Registered Agent for Service of Process)		
4	700 N. Olive Ave., Suite 2		
	(Florida street address for Registered Agent)		
	West Palm Beach, FL 33401	70 3	
comply w	eby accept the appointment as registered agent and agree to act in this capacity. I fu with the provisions of all statutes relative to the proper and complete performance of familiar with and accept the abligations of my position as registered agent.		Sign cases
	Ann to All Signature of Registered Agent	SEE PLAN	
6,	700 N. Olive Ave., Suite 2	500 5	
	(Mailing address of initial designated office)	<b></b>	
	West Palm Beach, FL 33401		

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

	Business Address:	
J.A. Rapaport Family	19372 Cedar Glen Drive	
Management II, Inc.	Boca Raton, FL 33434	
P10-154096		•
, ,		
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
	,	
		· <u>—</u> .
		Tar con mana
9. Effective date, if other than the date of filing:		
		SE 29
/Effective data account by main at the second		
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	e than 90 days after the date the doct	(37) 200
(Effective date cannot be prior to nor more filed by the Florida Department of State.)  Signed this day of _Dec		