Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.

Account Number: 073707002173 : (954)966-2112 Fax Number : (954)981~1605

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA/FOREIGN LP/LLLP Auckland Real Estate Holdings, LLLP

| Certificate of Status | 0 |
|-----------------------|------------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$1,052.50 |

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B. BOSTICK

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EXAMINE

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Auckland Real E | state Holdings, LLLP |
| The enclosed Certificate of Limited Par | rtnership and fees are submitted for filing. |
| Please return all correspondence concer | ming this matter to: |
| MITCHELL F. GREEN, E | SQ. |
| (Contact Person) | SQ. LLAHASS |
| (Firm/Company) | |
| 4000 Hollywood Blvd., Su | ite 485S |
| (Address) | ORU |
| Hollywood, FL 33021 | |
| (City, State and Zip Coo | de) |
| For further information concerning this | matter, please call: |
| Mitchell F. Green | at/ 954 \966-2112 |
| (Name of Contact Person) | at (954)966-2112 (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following ar | nount: |
| \$1,000.00 Filing Pees (\$965 Filing Fee and and Certificate of \$35 Registered Agent Fee) | Fees \$\overline{\mathbb{Q}}\$1,052.50 Filing Fees, and Certified Copy |
| 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 |
| CR2E030 (01/06) | |

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

1. Auckland Real Estate Holdings, LLLP

(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, 1600 Diplomat Parkway | | | |
|---|-----------|----------|--------------------------|
| (Street address of initial designated office) | A S | | |
| Hollywood, FL 33019 | L C AR | HJ:S | |
| 3. MITCHELL F. GREEN, ESQ. | ASS | R 29 | C measure Alternation |
| (Name of Registered Agent for Service of Process) | jn∈ n= | 3> | |
| 4,4000 Hollywood Blvd., Suite 485S | | 돌 : 9 | |
| (Florida street address for Registered Agent) | ORI | ယ သ | |
| Hollywood, FL 33021 | DA M | _ _ | |

^{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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

6.1600 Diplomat Parkway

(Mailing address of initial designated office)

Hollywood, FL 33019

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

Page 1 of 2

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| Name: Business Address: | | | |
|---|--|---------|------------------------------------|
| Alice Levy | 1600 Diplomat Parkway | | |
| | Hollywood, FL 33019 | | |
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| | OF A | 88 | |
| 9. Effective date, if other than the date of | filing: | | |
| (Effective date cannot be prior to r filed by the Florida Department of | nor more than 90 days after the date the document is State.) | | |
| Signed this day | of | | |
| Signature of each general partner: | • | | |
| alice Fray | <u> </u> | | |
| | - Annual Report of the Control of th | | |
| | | | |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 | | |