

A30429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2005 MAR 14 PM 1:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 15 2005

**LEFKOWITZ & SHAW, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ\*  
THOMAS C. SHAW

430 NORTH MILLS AVENUE  
ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974  
FACSIMILE (407) 425-1981  
WEBSITE: ORLANDOLAW.ORG

\* BOARD CERTIFIED IN TAXATION AND  
MASTER OF LAWS IN ESTATE PLANNING

March 8, 2005

Attn: Corporations Division  
Secretary of State  
Bureau of Corporate Records  
Post Office Box 6327  
Tallahassee, Florida 32314

FILED  
2005 MAR 14 PM 1:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Re: Castlenorth Properties, Ltd., L.L.L.P.  
Effective Date: Date of Filing

Dear Sir or Madam:

Enclosed are the original and a duplicate copy of the Statement of Qualification for Florida Limited Liability Limited Partnership of the above referenced partnership. The duplicate copy has been subscribed and acknowledged by the subscriber in the same manner as the original. Please endorse your approval of the Statement of Qualification on the duplicate copy, and return a certified copy to this office.

A check is also enclosed in the total amount of \$77.50 to cover the \$25.00 filing fee and the \$52.50 fee for the certified copy of the Statement of Qualification for Florida Liability Limited Partnership.

Yours very truly,

  
Ivan M. Lefkowitz

IML:cey  
Enclosures  
cc: Mr. Robert Stern (w/encl)

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

CASTLENORTH PROPERTIES, LTD.

Insert limited partnership's Florida document number: A30429

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

CASTLENORTH PROPERTIES, LTD., L.L.L.P.

(Must include LLIP or L.L.L.P.)

3. The street address of its chief executive office: 2141 WEST CHURCH STREET  
(if different from current recorded address): ORLANDO FLORIDA 32805

4. The street address of principal office in Florida: 2141 WEST CHURCH STREET  
(if different from above) ORLANDO FLORIDA 32805

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State

or

         a date later than the time of filing:         

7. The name and Florida street address of the partnership's agent for service of process:

ROBERT STERN

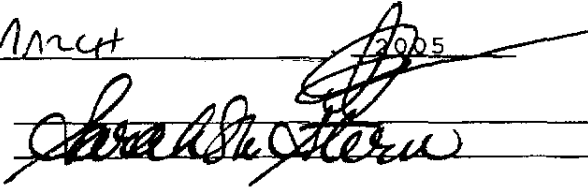
2141 WEST CHURCH STREET

ORLANDO, Florida 32805

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 5th day of MARCH 2005

Signature of TWO Partners:



Typed or printed names of partners signing above: ROBERT STERN

SARAH STERN

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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MAR 11 11 51 AM  
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CLERK OF THE SECRETARY OF STATE