

A96000001594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

Examiner

DCC

Updater

Office Use Only

Undater
Verifier

C

Acknowledgement

DCC

W. P. Verifier

DCC



200038338352

07/09/04--01032--016 **77.50

SECRETARY OF STATE
TALLAHASSEE, FL

2004 JUL -9 P 3:07

FILED

JEROME R. MILLER, P.A.
ATTORNEY AT LAW
1300 NORTH FEDERAL HIGHWAY
SUITE 107
BOCA RATON, FLORIDA 33432

ADMITTED IN FLORIDA AND NEW JERSEY
FLORIDA BOARD CERTIFIED TAX ATTORNEY

TEL 561 / 392-1405
FAX 561 / 394-9077

E-MAIL: JMTAX@mindspring.com

July 7, 2004

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 JUL -9 P 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

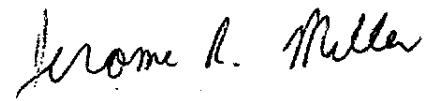
Re: The Pluznick Family Limited Partnership

Gentlemen:

Enclosed herewith is the Statement of Qualification for Florida Limited Liability Limited Partnership changing the status of the above named Florida Partnership to a Florida Limited Liability Partnership. Kindly file the same in your office.

Also transmitted herewith is a check, payable to your order, in the amount of \$77.50, in full payment of the filing fee as well as a certified copy thereof. For your convenience in replying, I am also enclosing a self-addressed, stamped envelope.

Very truly yours,


Jerome R. Miller

JRM/jmb
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pluznick Family Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A96000001594

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerome R. Miller, P.A.

(Name of Person)

Jerome R. Miller, P.A.

(Firm/Company)

1300 North Federal Highway, Suite 107

(Address)

Boca Raton, Florida 33432

(and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUL -9 PM 3:07

FILED

For further information concerning this matter, please call:

Jerome R. Miller

(Name of Person)

at (561) 392-1405
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

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

The Pluznick Family Limited Partnership

Insert partnership's Florida registration number: A96000001594

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: L.L.L.P.

("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "R.L.P.," or "L.P.")

3. The street address of its chief executive office: 7563 Isla Verde Way

(if different from current recorded address):

Delray Beach, Florida 33446

4. The street address of principal office in Florida:

(if different from above)

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

Jerome R. Miller, Esq.

1300 North Federal Highway, Suite 107

Boca Raton, Florida 33432

6. This partnership hereby elects to be a limited liability partnership.

7. 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: _____

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 1 day of June, 2004.

Signature of TWO Partners:

Selma R. Pluznick
Marcy Martin

Typed or printed names of partners signing above: Selma R. Pluznick

MARCY MARTIN

Filing Fee: \$25.00

Certified Copy: (Optional): \$52.50

Certificate of Status Optional: \$8.75

FILED
2004 JUN -9 P 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA