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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAfT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
		9-11
	Office Use On	(1118)



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

631 AMII:5

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: SILVERMAN PARTNERS L.P. (Name of Foreign Limited Partnership or Limited Liability Limited Partnership)
The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:
DEBRA SUFKIN (Contact Person)
MARC ROBERTS COMPANIES (Firm/Company) 823 UNIVERSITY BLVD, SUITE 204
823 UNIVERSITY BLUD, SUITE 204 (Address)
(Address) JUPITER FL 38458 (City, State and Zip Code)
For further information concerning this matter, please call:
Debora Slifkin at (56) 622-7644 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$1,000.00 Filing Fees (\$965 Filing Fee and and Certificate of and Certified Copy and Sand Status \$1,008.75 Filing Fee Certificate of Status \$1,000.00 Filing Fees \$\sum_{\text{\$1,008.75 Filing Fee}}\$ \$\sum_{\text{\$1,052.50 Filing Fee}}\$ \$\sum_{\text{\$\$1,061.25 Filing Fee}}\$ \$\sum_{\text{\$\$Certified Copy, and 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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. SILVERMAN PARTNERS, L.P.	
(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.	
U LULI.	9
4	or Or
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)	06 AUG 31
2. DELAWARE 3. FEB. 6, 2004	是 是
(State or Country of Formation) (Date of Formation)	
4. MR 44 RA LLC	MIN:57
(Name of Registered Agent for Service of Process)	7
5. 823 UNIVERSITY BLVD #204 (Florida street address for Registered Agent)	
· · · · · · · · · · · · · · · · · · ·	
JUPITER, FL 33458	
6. 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 myposition as registered agent.	
Les Maries Comments	
Signature of Registered Agent	
,	
7. 791 PARK AVENUE, APT 573 (Principal office address)	
Menday 111 1000	
NEW YOCK, MY 100'ZI	
8. If limited partnership is a limited liability limited partnership, check box	

Page 1 of 3

9. 823 UNIVERSITY (Mailin	BOULEVARD, #204 g address) 3458	
JUPITEL, FL 3	3458	
10. Name, principal office address, and mai		
HARVEY SILVERMAN (Name)	791 PARK AVENUE, APT (Street Address) NEW YORK, NY 10021	5B
	(Mailing Address)	1631 P
KAREN SILVERMAN (Name)	791 PARK AVENUE, APT 5B (Street Address) NEWYORK, NY 10021	OF AUG 31 MAIN: 57
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

:	
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of	filing:
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date this document is State.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of y of the entity's records in the jurisdiction under the
Signed this 29th day of	of August 20 06.
Signature of a general partner:	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.80 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVERMAN PARTNERS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVERMAN PARTNERS, L.P." WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 4992467

DATE: 08-23-06

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