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SECRETARY OF STATE

THE WAY

B06-043



November 21, 2006

JEFFREY PECHTER 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467

SUBJECT: MAGI FLORIDA PARTNERS, LIMITED

Ref. Number: W06000050940

We have received your document for MAGI FLORIDA PARTNERS, LIMITED and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, pleasectall (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A00067844

COVER LETTER

то:	Registration S Division of C						
SUBJ		Florida Partners, Foreign Limited Partnership		y Limit	ed Partnership))	
limite	d partnership o	tion, certificate of state r limited liability limite espondence concerning	ed partnership to				
Jeff	rey Pecht	er					
-		(Contact Person)		. خ	٠	•	
Mag	gi Florida, I	LLC					
=		(Firm/Company)	<u> </u>	•	P.	•	
813	5 Lake Wo	orth Road, Suite	e B				
		(Address)	.,		• -		
Lak	e Worth, F	L 33467				SE	7005
		City, State and Zip Code)		•	=-		E
		on concerning this mat	tter, please call:			TARY OF NASSEE, F	005 NOV 20 PHIZ: 43
Nar	icy Colma	n	_at (_561	₎ 75(0-0910	<u> 53</u>	7
	(Name of Conta	ct Person)	(Area Code	and Da	ytime Telepho	one Number	£
Enclo	sed is a check f	or the following amou	nt:			>	`
(\$965]	00.00 Filing Fees Filing Fee and gistered Agent	\$1,008.75 Filing Fees and Certificate of Status	S1,052.50 Filin and Certified Cop		\$1,061.25 Certified Co Certificate of	py, and	

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

I. Magi Florida Partners, Limited (Name of Limited Partnership or Limited Limited Partnership, which must inclu	ide suffix)	
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partners or LLLP.	hip, L.L.L.P.	
(If name unavailable, name under which the limited partnership or limited liability limited proposes to register to transact business in Florida; must contain acceptable suffix		
2. Texas	٠	
(State or Country of Formation) (Date of Formation)		
4. Nancy Colman, Esq.		
(Name of Registered Agent for Service of Process)		•
5, 150 E. Palmetto Park Road, Suite 750		
(Florida street address for Registered Agent)		
Boca Raton, FL 33467		
6. I hereby accept the appointment as registered agent and agree to act in this capacity. I fu comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with an accept the obligations of my position as registered agent.	_	
Many B. C. Signafure of Registered Agent		
7, 8135 Lake Worth Road, Suite B	ALL	NOV TO
(Principal office address)	- 2	3 T)
Lake Worth, FL 33467	ASSI	720
8. If limited partnership is a limited liability limited partnership, check box	OF STATE, FLORI	PH 12: 43
Page 1 of 3	D(T	చ్

1-20.06

3. B			
e Worth, FL 33467			
(Mailing Address)			
(Street Address)			
 			
(Mailing Address)			
(Street Address)	<u> </u>		
(Mailing Address)			•
······································	ALL	2006 NOV 20	
(Street Address)	AH A	NE NE	T
	7 . 2. 2. 2. 2. 2. 2. 2. 	20	
(Mailing Address)	FLCS:	PH 12:	
		;;	, v. ⊐te _t a.

10. Name, principal office address, and mailing address of each general partner: Magi Florida, LLC
(Name)
(S-1)0714 8135 Lake Worth Road (Street Address) Lake (Name) (Name) (Name)

(Mailing address)

9, 8135 Lake Worth Road, Suite B

Lake Worth, FL 33467

Page 2 of 3

(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	-
	(Mailing Address)	
11. Effective date, if other than the date of fi	ling: 11/09/2006 11/10/2	يان الم
(Effective date cannot be prior to nor filed by the Florida Department of St	more than 90 days after the date this date.)	ocument is
to the delivery of this application to t	nce duly authenticated, not more than 90 he Florida Department of State, by the Store of the entity's records in the jurisdiction	Secretary of
Signed this 9th day of	November , ₂₀ 06	— · TA: 2
Signature of a general partner: Ma	gi Floridu, UC	Z006 NOV 20 SECRETARY ALLAHASSE
Jestfey pechter, Manager		PNIZ: 43 OF STATE E. FLORID.
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Register	∀ " చ

Page 3 of 3

By

Roger Williams Secretary of State

Gorporations Section
 P.O.Box 13697
 Austin, Texas 78711-3697

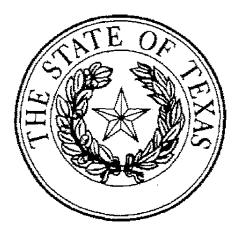


Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for Magi Florida Partners, Limited (filing number: 8643210), a Domestic Limited Partnership (LP), was filed in this office on January 22, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 29, 2006.



Roger Williams Secretary of State