

FILED
SECRETARY OF STATE
DIVISION OF COMMUNICATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LR5A-JV Limited Partnership
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:

Thomas W. Tavenner, Jr.
Contact Person

Realty Financial Partners
Firm/Company

40 William Street - Suite 120
Address

Wellesley, MA 02481
City, State and Zip Code

ttavenner@rpadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Miller at (781) 371-2000
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 \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fee, 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 BUSINESS IN FLORIDA**

1. LR5A-JV Limited Partnership
(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.

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.

2. Massachusetts 3. June 16, 2003
State or Country of Formation Date of Formation

4. NRAI Services, Inc.
Name of Registered Agent for Service of Process

5. 2731 Executive Park Drive - Suite 4
Florida street address for Registered Agent

Weston, FL 33331

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 and accept the obligations of my position as registered agent.

William L. De Napoli, Assistant Secretary

Signature of Registered Agent
William L. De Napoli, Assistant Secretary

7. 40 William Street - Suite 120, Wellesley, MA 02481
Principal office address

8. If limited partnership is a limited liability limited partnership, check box ☐

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DIVISION OF CORPORATE & BUSINESS SERVICES
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9. 40 William Street - Suite 120, Wellesley, MA 02481
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

| | |
|----------------------|--------------------------------------|
| <u>LR5A-JV Corp.</u> | <u>40 William Street - Suite 120</u> |
| Name | Street Address |
| | <u>Wellesley, MA 02481</u> |
| | <u>Same as above</u> |
| | Mailing Address |
| <u></u> | <u></u> |
| Name | Street Address |
| | <u></u> |
| | Mailing Address |
| <u></u> | <u></u> |
| Name | Street Address |
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| | Mailing Address |
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| Name | Street Address |
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| | |
|-------|-----------------|
| _____ | _____ |
| 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 nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 2nd day of June, 2009.

Signature of a general partner:
LR5A-JV Corp.

By: David S. Allen, President

| | |
|--|--|
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): | \$ 52.50 |
| Certificate of Status (optional): | \$ 8.75 |



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

May 28, 2009

To Whom it May Concern:

I hereby certify that according to the records in this office, a Certificate of Formation of Limited Partnership was filed in this office by

LR5A-JV LIMITED PARTNERSHIP

in accordance with the provisions of Massachusetts General Laws, Chapter 109, on **June 16, 2003**.

I hereby certify that said Limited Partnership has not filed a Certificate of Cancellation to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.



William Francis Galvin

Secretary of the Commonwealth