

B140000000140

(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:

W14-37919 GP Name

Office Use Only



000261295100

06/17/14--01005--006 \*\*1061.25

FILED

14 JUN 17 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

14 JUN 17 AM 10:23

DEPT OF REVENUE

JUN 19 2014

T. BROWN

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 6/18/14**

**NAME: BERENDO PARTNERS, L.P.**

**TYPE OF FILING: APPLICATION**

**COST: 1,061.25**

**RETURN: CERTIFIED COPY AND CERTIFICATE OF STATUS PLEASE**

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**ACCOUNT: ECA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: BERENDO PARTNERS, L.P.  
Ref. Number: W14000037919

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 JUN 18 PM 4:49  
TO GOVERNMENT OF  
SUFFICIENCY OF FILING

We have received your document for BERENDO PARTNERS, L.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The general partner listed must read as it does on our data base. Enclosed is a printout with name used in our state.,

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, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 114A00013181

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Berendo 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:

John G. Burgee

Contact Person

Burgess & Abramoff, PC

Firm/Company

20501 Ventura Boulevard, Suite 262

Address

Woodland Hills, CA 91364

City, State and Zip Code

jburgeon@bandalaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John G. Burgee

Name of Contact Person

at ( 818 ) 264-7575

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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**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

FILED  
14 JUN 17 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Berendo 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.

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. California

State or Country of Formation

3. June 11, 2003

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

Stuart Grossman

201 South Biscayne Boulevard, 22nd Floor

Miami, FL 33131

5. 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.

Stuart J. Grossman, Esq.  
Signature of Registered Agent

7. Principle Office: (Florida Street Address)

95 North County Road

Palm Beach, FL 33480

8. Mailing Address:

95 North County Road

Palm Beach, FL 33480

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

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

Name of General Partner: Millennium Holdings of California, Inc. Name of General Partner: \_\_\_\_\_

Street Address: 95 North County Road

Palm Beach, FL 33480

Mailing Address: 95 North County Road

Palm Beach, FL 33480

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing 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 12th day of June, 20 14.

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** BERENDO PARTNERS, L.P

**FILE NUMBER:** 200316700013  
**FORMATION DATE:** 06/11/2003  
**TYPE:** DOMESTIC LIMITED PARTNERSHIP  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 16, 2014.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

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