

B16000000077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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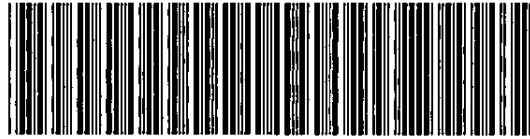
(Business Entity Name)

(Document Number)

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**DATE: 4/5/16**

**NAME: 27TH/PICO BOULEVARD LIMITED PARTNERSHIP**

**TYPE OF FILING: APPLICATION**

**COST: \$ 1,052.50 CHECK IS ATTACHED**

**RETURN: CERTIFIED COPY PLEASE**

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~~**ACCOUNT: FCA000000015**~~

~~**AUTHORIZATION: ABBIE/PAUL HODGE**~~

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

FILED  
2016 APR -5 AM 8:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. 27th/Pico Boulevard 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. California

State or Country of Formation

3. Nov. 13, 1992

Date of Formation

4. Federal Employer Identification Number: 95-4470365

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

Stuart Grossman

201 South Biscayne Boulevard, 22nd Floor

Miami, Florida 33131

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.

  
Signature of Registered Agent

7. Principal Office:

95 N. County Road

Palm Beach, FL 33480

8. Mailing Address:

95 N. 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:

Millennium Holdings of California, Inc.

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

Street Address: 95 N. County Road  
Palm Beach, FL 33480

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

Mailing Address: 95 N. County Road  
Palm Beach, FL 33480

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

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

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

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

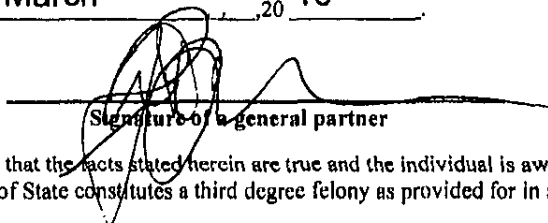
Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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 2016 APR -5 AM 8:47  
 CLERK OF  
 CLARKE COUNTY

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 29th day of March, 2016

  
 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.

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

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

**FILED**  
2016 APR -5 AM 8:47  
RECORDING OF STATE  
FALLAHASSET, FLORIDA

**CERTIFICATE OF STATUS**

**ENTITY NAME:** 27TH/PICO BOULEVARD LIMITED PARTNERSHIP

**FILE NUMBER:** 199231800005  
**FORMATION DATE:** 11/13/1992  
**TYPE:** DOMESTIC LIMITED PARTNERSHIP  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 March 23, 2016.

**ALEX PADILLA**  
Secretary of State