

# A 00000001562

AMERILAWYER®

(Requestor's Name)  
 343 ALMERIA AVENUE

(Address)  
 CORAL GABLES, FL 33134 - (305) 445-2700

(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

FILED  
 OCT 31 PM 3:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Houston Wireless Partners LLC (Document #)
2. \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Document #)

Walk in     Pick up time \_\_\_\_\_     Certified Copy

Mail out     Will wait     Photocopy     Certificate of Status

300003438219--3  
 -10/25/00--01002--006  
 \*\*\*\*\*25.00 \*\*\*\*\*25.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other <i>Statement of Qualification for Florida or Foreign Limited Liability Partnership</i>

*BM*  
*cd37*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 24, 2000

AMERILAWYER

TALLAHASSEE, FL

SUBJECT: HOUSTON WIRELESS PARTNERS, LTD.  
Ref. Number: A00000001562

FILED  
00 OCT 31 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HOUSTON WIRELESS PARTNERS, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 filing fee.

You have used a QUALIFICATION FORM that can only be used for General Partnerships.

In order to qualify HOUSTON WIRELESS PARTNERS, LTD. for LLLP STATUS, you must complete and sign the enclosed form, which is for Florida limited partnerships.

We realize that the forms are very similar, and we apologize for the confusion.

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) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 300A00055589

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 31 PM 1:17  
TO ADMINISTRATIVE  
SUFFICIENCY OF FILING

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
HOUSTON WIRELESS PARTNERS, LTD.

Insert limited partnership's Florida document number: A00000001562

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP  
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 11000 Prosperity Farms Road  
(if different from current recorded address): Suite 204  
Palm Beach, Florida 33410

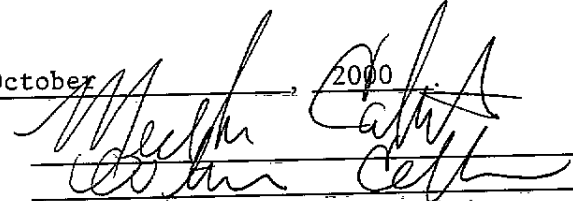
4. The street address of principal office in Florida: the same  
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:  
 as of the date this document is filed with the Florida Secretary of State  
or  
 a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:  
Spiegel & Utrera, P.A.  
343 Almeria Avenue  
Coral Gables, Florida 33134

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 30th day of October, 2000  
Signature of TWO Partners: 

Typed or printed names of partners signing above: Michael D. Calandra  
William Cella

Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 31 PM 3:01  
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