

A01000000917

James A. Goldsmith

Requestor's Name

1595 NE 163rd St.

Address

North Miami Beach, FL 33162

City/State/Zip

Phone #

Office Use Only

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

\$ 25.00

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 11 P010001232--3  
-06/24/01--01065--007  
\*\*\*313.75
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 200004523242--6  
-06/29/01--01065--007
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \*\*\*\*313.75 \*\*\*\*25.00
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

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 type="checkbox"/>	Other

FILED  
01 JUL 10 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

with  
7/10

Examiner's Initials

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:  
Gator East Wind Partners, LLLP

Insert limited partnership's Florida document number: A01-917

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: \_\_\_\_\_  
(if different from current recorded address): \_\_\_\_\_

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

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

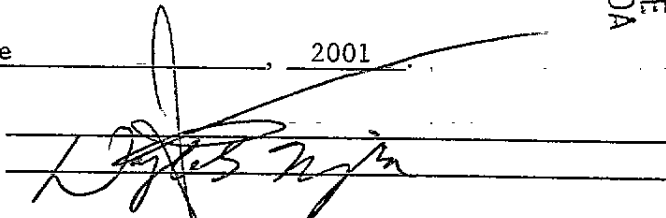
6. The effective date of this filing shall be:  
 as of the date this document is filed with the Florida Secretary of State  
or  
 a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process  
James A. Goldsmith  
1595 NE 163rd Street  
North Miami Beach Florida 33162

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 27 day of June, 2001.

Signature of TWO Partners:



Typed or printed names of partners signing above: James A. Goldsmith  
Douglas S. Miska

01 JUL 10 PM 8:03  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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