

A03000000566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

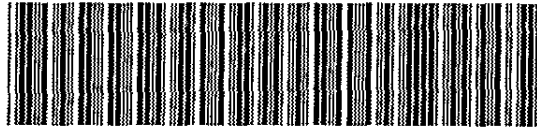
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

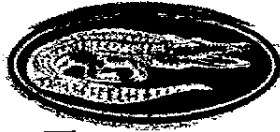


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APR 7 10:03
TALLAHASSEE FLORIDA

A03-566
OR



Gator Investments

April 4, 2003

VIA FEDERAL EXPRESS TRACKING NO. 7928 6287 0800

Division of Corporations
Secretary of State of Florida
409 East Gaines Street
Tallahassee, Florida 32399

RE: Gator El Cid Partners, LLLP

Ladies and Gentlemen:

Enclosed herewith, please find the following in order to form and qualify Gator El Cid Partners, LLLP as a Florida limited liability limited partnership:

1. Certificate of Limited Partnership
 2. Affidavit of Capital Contribution
 3. Statement of Qualification for Florida Limited Liability Limited Partnership
 4. Check in the amount of \$191.25 for the following:
 - \$ 70.00 Limited Partnership Filing Fee
 - 25.00 Statement of Qualifications for Florida Limited Liability Limited Partnership
 - 35.00 Registered Agent Designation
 - 52.50 Certified Copy of Limited Liability Limited Partnership Qualification
 - 8.75 Certificate of Status of Florida Limited Liability Limited Partnership
- \$ 191.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Also enclosed is a prepaid Federal Express Envelope to send the Certified Copy and Certificate of Status by FedEx to this office, Attention: Julie A. Carson, at the address printed on this letterhead.

Should you have any questions, or if for any reason you are unable to form and qualify Gator El Cid Partners, LLLP, please call me at 305-949-9049 x 15. Thank you in advance for your attention to this request.

Respectfully,

Julie A. Carson
Paralegal

Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

- 1. Gator El Cid Partners, LLLP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

- 2. 1595 NE 163rd Street, North Miami Beach, FL 33162
(Business address of Limited Partnership)

- 3. James A. Goldsmith
(Name of Registered Agent for Service of Process)

- 4. 1595 NE 163rd Street, North Miami Beach, FL 33162
(Florida street address for Registered Agent)

- 5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

- 6. 1595 NE 163rd Street, North Miami Beach, FL 33162
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 1, 2100

8. Name(s) of general partner(s): _____ Street address: _____
Gator El Cid Investors, Inc., a Florida corporation

203-35882 _____

_____ 1595 NE 163rd Street _____
_____ North Miami Beach, FL 33162 _____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4th day of April, 2003.

Signature of all general partners:

Gator El Cid Investors, Inc. _____
General Partner _____
General Partner _____
By: James A. Goldsmith, President _____
General Partner _____
General Partner _____

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MAY 17 2003
MILWAUKEE
FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
Gator El Cid Partners, LLLP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 10,000 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 10,000 .

Signed this 4th day of April , 2003 .

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

RECORDED
APR 7 11 10 AM '03
TALLAHASSEE, FLORIDA

Gator El Cid Investors, Inc.
General Partner

General Partner

BY:

James A. Goldsmith, President

General Partner

General Partner

General Partner