

A03000001143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

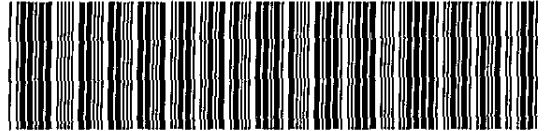
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

25th LP
\$75 cert

Office Use Only



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08/08/03--01017--017 **821.25

RECEIVED
03 AUG -8 AM 10:14
DIVISION OF CORPORATION

BR

FILED
03 AUG -8 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunstate Research
 Requestor's Name

Address

City/State/Zip 4856-8454 Phone #

Office Use Only
 FILED
 03 AUG - 8 PM 2:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

1. FBBB Partners Park Avenue
 (Corporation Name) (Document #)
2. LLLP
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

file and

LLLP

Examiner's Initials	
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**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:
FBBA Partners – Park Avenue, LLLP

Insert limited partnership's Florida document number: _____
or

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

03
AUG - 8 PM 4:23
FILED
STATE SECRETARY OF FLORIDA

2. Suffix adopted for the above named partnership: LLLP

(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 300 S. Orange Ave., Suite 1000

(if different from current recorded address): Orlando, FL 32801

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:

X 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:

Corporation Company of Miami

201 S. Biscayne Blvd., 1600 Miami Center (MJG)

Miami, Florida 33131

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 8th day of August, 2003.

FBBA Partners – Park Avenue, Inc.,
a Florida corporation, General Partner

By: [Signature]
Scott R. Stahley, President

Destin Investments – Park Avenue, LLC,
a Florida limited liability company,
limited partner

By: [Signature]
Scott R. Stahley, Manager

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75