

AUY000001751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

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000042594870

11/04/09 04:11:00 PM ***5.00

FILED
04 NOV -9 PM 3:21
TALLAHASSEE, FLORIDA

RECEIVED
04 NOV -9 AM 11:00
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 11-09-04

REF. #: 0170.31615

CORP. NAME: SGL INVESTMENTS LIMITED PARTNERSHIP II

FILED
04 NOV -9 PM 3:21
SEAL STATE
TALLAHASSEE FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 66516 FOR \$ 1785.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

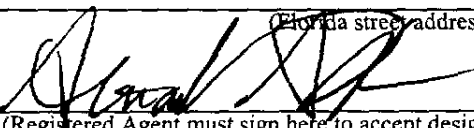
PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

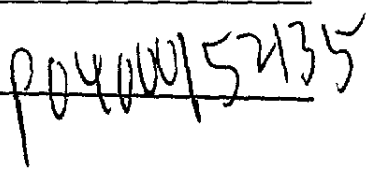
Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

FILED
04 NOV -9 PM 3:21
TALLAHASSEE, FLORIDA

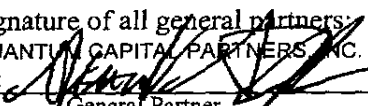
1. SGL Investments Limited Partnership II
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 339 S. Plant Avenue, Tampa, Florida 33606
(Business address of Limited Partnership)
3. Stuart G. Lasher
(Name of Registered Agent for Service of Process)
4. 339 S. Plant Avenue, Tampa, Florida 33606
(Florida street address for Registered Agent)
5. * 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 339 S. Plant Avenue, Tampa, Florida 33606
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2050

8. Name(s) of general partner(s):	Street address:
<u>Quantum Capital Partners, Inc.</u>	<u>339 S. Plant Avenue</u>
<u></u>	<u>Tampa, FL 33606</u>
_____	_____
_____	_____

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 5th day of November, 2004.

Signature of all general partners:
QUANTUM CAPITAL PARTNERS, INC.
By: 
General Partner
Stuart G. Lasher, President

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of _____
SGL Investments Limited Partnership II _____,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 990.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 250,000.00 .

Signed this 5th day of November , 2004 .

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.*

QUANTUM CAPITAL PARTNERS, INC.

By: _____

General Partner
Stuart G. Lasher, President

General Partner

General Partner

General Partner

General Partner

General Partner