## A050000000307

(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:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor	's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	<del></del>			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	, ,				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(A.E.L )				
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)				
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/	Zip/Phone #)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status					
(Document Number)  Certified Copies Certificates of Status	PICK-UP	WAIT MAIL			
(Document Number)  Certified Copies Certificates of Status					
(Document Number)  Certified Copies Certificates of Status	(Rucinece	Entity Name)			
Certified Copies Certificates of Status	(Dualiteau	chary Harrier			
Certified Copies Certificates of Status					
	(Document Number)				
Special Instructions to Filing Officer:	Certified Copies C	ertificates of Status			
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:	<u> </u>				
	Special Instructions to Filing O	fficer:			
ļ					
i					

Office Use Only



800046453728

02/17/05--01045--001 \*\*45.60

2005 FEB 17 PM 1: 26

# PEB 2 1. 2005

## TRANSMITTAL LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	MB Investments o	<u>f Clearwater,</u>	Ltd.	
	(Nar	me of Limited Partn	ership)	
DOCUMENT NUM	BER: <u>A0500000307</u>			<del></del>
The enclosed Statemo	ent of Qualification for Florid	a Limited Liability	Limited Partnership and fee(s) are	sulamitte for
Please return all corre	espondence concerning this m	atter to the followin	Ltd. ership)  Limited Partnership and fee(s) are seg:	BIT P
	Randell Miller		•	
		(Name of Person)		CORNET CORNET
	Hines. Norman. H	lines. P.L.		2 75
		(Firm/Company)		
	315 S. Hyde Park	Ave., Tampa	, FL	
		(Address)		<del></del>
	22505			
•	33606	and Zip Code)		
For further information	n concerning this matter, plea	se call:		
Randel1			) 251-8659	
(1	Name of Person)	(Area (	Code & Daytime Telephone Number)	•
Reg Divi 409	REET ADDRESS: istration Section ision of Corporations E. Gaines Street ahassee, Florida 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

INHS66(9/03)

## 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:  MB Investments of Clearwater, Ltd
Insert limited partnership's Florida document number: A0500000307 or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.
2. The complete name of the entity after filing Statement of Qualification shall be:
MB Investments of Clearwater, LLLP  (Must include LLLP or L.L.L.P.)
3. The street address of its chief executive office: 505 Florida Ave.  (if different from current recorded address): Clearwater, Florida 33576
4. The street address of principal office in Florida: same as 3.  (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:
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:  Randell M. Miller  315 S. Hyde Park Ave.  Tampa , Florida 33606
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 1 H day of tebruary,
Signature of TWO Partners:  Sare: M. Daudson
Typed or printed names of partners signing above: DANIC (MMILLE)

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