

A05000001165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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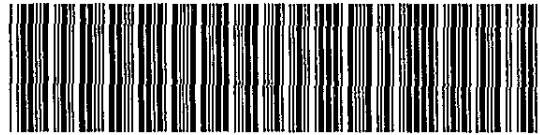
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BCOM- Presidential , Ltd.  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** A05000001165

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aslan Palachi  
(Name of Person)

BCOM, Inc.  
(Firm/Company)

1200 Brickell Avenue, Suite 1720  
(Address)

Miami, FL 33131  
(and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Aslan Palachi at ( 305 ) 375-0090  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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:  
**BCOM -Presidential, Ltd.**

Insert limited partnership's Florida document number: **A05000001165**

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:

**BCOM-Presidential ,LLLP**

(Must include LLLP or 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:

~~XXXX~~ 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:

**Aslan Palachi c/o BCOM , INC**



**1200 Brickell Avenue, Suite 1720**

**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 **21** day of **June**, **2005**.

Signature of TWO Partners:

 \_\_\_\_\_  
 \_\_\_\_\_

Typed or printed names of partners signing above: **Jeff Palachi**

**Aslan Palachi** 

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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