

A0500000 1395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

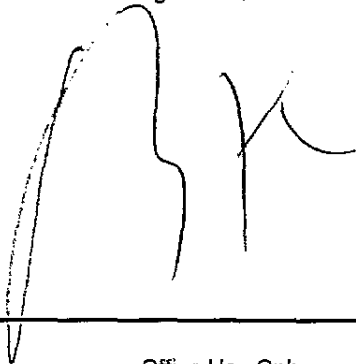
PICK-UP  WAIT  MAIL

(Business Entity Name)

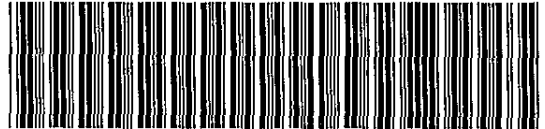
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FILED  
05 JUL 18 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION  
TALLAHASSEE, FLORIDA



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**CORPORATION NAME (S) AND DOCUMENT NUMBER(S):**

Gator Swansea Partners, LLLP

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Retrieval Request**

- Photocopy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include  
 -Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

X Statement of qual

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED 05 JUL 18 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State: GATOR SWANSEA PARTNERS, LLLP

Insert limited partnership's Florida document number: 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: GATOR SWANSEA PARTNERS, 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: 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: JAMES A. GOLDSMITH 1595 NE 163RD STREET N. MIAMI BEACH, Florida 33162

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 14th day of JULY, 2005

Signature of TWO Partners: Gator Swansea, LLC By: James A. Goldsmith James A. Goldsmith

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