

# A04000000813

\_\_\_\_\_  
(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:

Name  
and Title

Signature

DOC

Office Use Only

DOC

Name

Title

DOC

Document

DOC

Signature

DOC



100035766251

05/10/04--01084--010 \*\*142.25

FILED

2004 MAY 10 A 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TC  
\$1,000.00

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J M C QUEST, LTD  
(Name of Limited Partnership)

DOCUMENT NUMBER: \_\_\_\_\_

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:

Jeanette M. Creel  
(Name of Person)

J M C QUEST, LTD  
(Firm/Company)

811 - 15<sup>th</sup> Ave. W.  
(Address)

Palmetto, FL 34221  
(City and Zip Code)

2004 MAY 10 A 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jeanette M. Creel at (941) 722-2962  
(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

**CERTIFICATE OF LIMITED PARTNERSHIP**

1. JMC QUEST, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 811-15<sup>th</sup> Ave. W, Palmetto, FL 34221  
(Business address of Limited Partnership)

3. Jeanette M. Creel  
(Name of Registered Agent for Service of Process)

4. 811-15<sup>th</sup> Av. W., PALMETTO, FL. 34221  
(Florida street address for Registered Agent)

5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. P.O. BOX 301, PALMETTO, FL 34220  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2020

8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

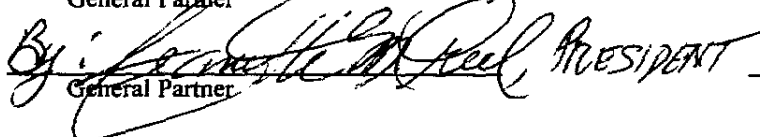
JACRE MANAGEMENT COMPANY, INC. 811-15<sup>th</sup> AV. W, PALMETTO, FL  
PO4-66469 34221

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 6<sup>th</sup> day of MAY, 2004.

Signature of all general partners:

JACRE MANAGEMENT COMPANY, INC.  
General Partner

By:  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 \_\_\_\_\_

JMC QUEST, LTD

a Florida Limited Partnership, certify.

The amount of capital contributions to date of the limited partners is \$ 1,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 1,000.

Signed this 6<sup>th</sup> day of MAY, 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.

JACRE MANAGEMENT CO., INC.

By: Jeanette M. Creel President

General Partner

(Jeanette M. Creel)

General Partner

General Partner

General Partner

General Partner

General Partner