

A05000002040

(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:

*AK*

Office Use Only



700061004927

11/09/05--01037--022 \*\*77.50

RECEIVED  
05 NOV -9 PM 2:21  
STATE  
DIVISIONS  
TALLAHASSEE, FLORIDA

FILED  
05 NOV -9 PM 4:07  
STATE  
TALLAHASSEE, FLORIDA



**UCC Filing & Search Services, Inc.**  
 1574 Village Square Boulevard, Suite 100  
 Tallahassee, Florida 32309  
 (850) 681-6528

**HOLD**  
 FOR PICKUP BY  
 UCC SERVICES  
 OFFICE USE ONLY

November 9, 2005

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

Cabrera Partners, Ltd.

(FILE SECOND)

**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	
	Profit
	Non Profit
	Limited Liability
	Domestication
X	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

FILED  
 NOV -9 PM 4:07  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership in the records of the Florida Department of State: CABRERA PARTNERS, LTD.

Insert limited partnership's Florida document number: \_\_\_\_\_

Or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP

3. The street address of its chief executive office: Same as Recorded Address  
(if different from recorded address): \_\_\_\_\_

4. The street address of principal office in Florida: Same as above.  
(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:

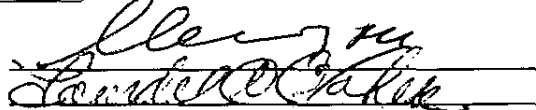
X as of the date this document is filed with the Florida Secretary of State  
or  
\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name of the Florida street address of the partnership's agent for service of process: \_\_\_\_\_

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 10<sup>th</sup> day of June, 2005.

Signatures of TWO Partners:



Typed or printed names of partners

TOMAS A. CABRERA  
LOURDES C. CABRERA