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( By Appointment Only )
981 Ridgewood Avenue
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September 24, 2001

Via: U.S. Mail

Division of Corporations P.O. Box 6327 Tallahassee FL 32314

RE: Darragh Family Partnership, Ltd.

Our File No.: 1063.5159

Richard T. Darragh Family Partnership, Ltd.

Our File No.: 1063.5205

Dear Sir/Madam:

A-845

\*\*\*\*\*50.00

Enclosed please find for filing in the above-referenced partnerships the Statement of Qualification for Florida Limited Liability Limited Partnerships, together with a check in the amount of \$50.00 to cover filing fees for each.

If you should have any questions, please do not hesitate to contact our office.

Yours very truly,

J. Ilede Chapman,

Legal Assistant to Gregory S. Band, Esq.

Ichapman@sarasotalawyer.com

Direct Fax No. 941-366-8491

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**Enclosures** 

DIVISION OF CORPORATION

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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida D	epartment of State:
Richard T. Darragh Family Partnership, Ltd. However, the 1	<u>imited partnershi</u>
shall be known as Richard T. Darragh Family Partnership, II	
<u>Insert</u> limited partnership's Florida document number: <u>A00000000865</u>	<del></del> .
or	
Attach certificate of limited partnership, affidavit of capital contributions and appli	icable limited
partnership filing fees.	
2. Suffix adopted for the above named partnership:	.h
(LLLP, L.L.P.)	
The street address of its shief executive efficient	
3. The street address of its chief executive office:  (if different from current recorded address):	
(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	
	SECRETAR INVISION OF CO.
6. The effective date of this filing shall be:	元] 22
X as of the date this document is filed with the Florida Secretary of State	~~
or	<b>3</b>
a date later than the time of filing:	မ္ 💥
	STATE ORATION 3: 26
7. The name and Florida street address of the partnership's agent for service of pro-	ocess:
Richard T. Darragh	
425 Webbs Cove	
Osprey, Florida 34229	
The execution of this statement as a partner constitutes an affirmation under the per	nalties of perjury
that the facts stated herein are true.	
Signed this	
$\gamma_{a}$	•
Signature of TWO Partners: Mildred O. Warragh	(med)
_ Kickerd TDaviagh	(rtd)
Typed or printed names of partners signing above: Mildred E. Darragh	
Dishard III Damada	

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