

A010000000 464
Linda Dieguez
Requestor's Name

Shumaker, Loop & Kendrick, LP
Address

Post Office Box 172609
City/State/Zip Phone #

Tampa, FL 33672-0609

MJH

4/2

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **A01-464**

2. _____ (Corporation Name) _____ (Document #) **MJH**

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

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

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

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

FILED
01 APR - 2 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800003958968--6
-04/04/01--01005--007
1810.00 **25.00

Linda Dieguez GAVE
AUTHORIZATION BY PHONE TO
CORRECT Suffix to LLLP
DATE 4/5/01
DOC. EXAM **MJH**

**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: **East/West Venture Partners I, Ltd.**
- ☐ Insert limited partnership's Florida document number: **Not available**
- ☒ 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: **13014 North Dale Mabry**
(if different from current recorded address): **Suite 356**
Tampa, Florida 33618
4. The street address of principal office in Florida: _____
(if different from above) _____
5. The limited partnership hereby elects to be a limited liability partnership.
6. The effective date of this filing shall be:
☒ 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:
Darrell C. Smith, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Blvd., Suite 2800
Tampa, Florida 33602

01 APR - 2 PM 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 12th day of March, 2001.

CONCORDE CAPITAL PARTNERS, LLC

By: 
A. G. Rappaport, Manager

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