

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILE 2ND

FILING COVER SHEET
ACCT. #FCA-14

A010000001013

CONTACT: CINDY HICKS

DATE: 7-19-01

REF. #: 0174.17530

CORP. NAME: SBC DEVELOPMENTS, L.L.L.P.

FILED
01 JUL 24 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

☒ OTHER: STATEMENT OF QUALIFICATION

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUL 19 AM 10:05
Not Attached
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

STATE FEES PREPAID WITH CHECK# 15823 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☐ CERTIFICATE OF STATUS

200004485792--6
-07/19/01--01028--025
*****25.00 *****25.00

☒ PLAIN STAMPED COPY

Examiner's Initials

**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:
SBC DEVELOPMENTS, LTD.
The name the limited partnership will use: SBC DEVELOPMENTS, L.L.L.P.
Insert limited partnership's Florida document number: A01000001013
or
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.
2. Suffix adopted for the above named partnership: L.L.L.P.
(LLP, LLLP)
3. The street address of its chief executive office: 1 South School Avenue
(if different from current recorded address): Suite 500
Sarasota, Florida 34237
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:
Larry P. Lieberman
1 South School Avenue, Suite 500
Sarasota, Florida 34237

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JUL 24 PM 5:05
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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 18th day of July, 2001.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: _____

Larry P. Lieberman, as Manager of Genbar-1, L.L.C.,
a Florida limited liability company, General Partner
Alexander Berne, as Managing Member of Alexander
Berne/SBC LLC, a Delaware limited liability
company, General Partner

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