

A01000001197

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03 OCT 22 AM 11:11

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(City/State/Zip/Phone #)

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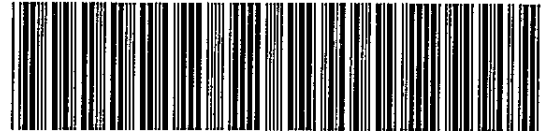
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

FILED

03 OCT 22 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRAL PARTNERS I, LIMITED PARTNERSHIP

(Name of Limited Partnership)

**DOCUMENT NUMBER:** A01000001197

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:

Robert A. Guirlinger

(Name of Person)

Central Management Company

(Firm/Company)

201 S. Amelia Ave., G-4

(Address)

DeLand, FL 32724

and Zip Code)

For further information concerning this matter, please call:

Robert A. Guirlinger

(Name of Person)

at ( 386 ) 738-6812

(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

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

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1. The name of the limited partnership as identified in the records of the Florida Department of State:  
**CENTRAL PARTNERS I, LIMITED PARTNERSHIP**

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Insert limited partnership's Florida document number: **A01000001197**

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

**CENTRAL PARTNERS I, LLLP**

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: \_\_\_\_\_  
(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.

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:

**Robert A. Guirlinger**

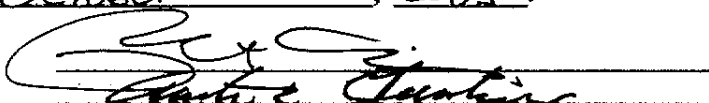
**201 S. Amelia Ave., G-4**

**DeLand**, Florida **32724**

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 October, 2003.

Signature of TWO Partners:



Typed or printed names of partners signing above: **Robert A. Guirlinger, Vice President**  
**Austin E. Guirlinger, Limited Partner**

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75