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	NEW FILINGS
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	AMENDMENTS
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	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
Examiner	Annual Report DCC
Updater	Fictitious Name DCC
Updater	Name Reservation
Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

August 23, 2002

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

SUBJECT: THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP, LLLP
Ref. Number: W02000024610

We have received your document for THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP, LLLP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $25.00.

The Statement of Qualification is a separate filing form the Certificate of Limited Partnership. We will need the filing fee of $25.00 to file the Statement of Qualification and if you want a certified copy of the filing that will require an additional $52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 502A00049666

STATEMENT OF QUALIFICATION OF FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to Section 620.187, Florida Statutes, the below named limited partnership submits the following Statement of Qualification:

1. The name of the partnership submitting this statement to register as a Limited Liability Limited Partnership is: **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership.

2. The address of the principal office of the partnership is:

101 Alturas Babson Park Cutoff Road
Lake Wales, FL 33853

3. The name and Florida street address of the Registered Agent and registered office for service of process on the partnership is:

Thomas E. Oakley
101 Babson Park Cutoff Road
Lake Wales, FL 33853

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TALLAHASSEE, FLORIDA

4. This partnership hereby elects to be a Florida limited liability limited partnership, and thereafter be known as: **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP, LLLP,** a Florida limited liability limited partnership.

5. The effective date of the Florida limited liability limited partnership will be the date this registration is filed with the Florida Secretary of State.

6. All general partners of the partnership have voted and approved the matters set forth herein.

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FURTHER, AFFIANTS DO NOT SAY.

GENERAL PARTNER:

Thomas E. Oakley, Inc.

Printed Name: C. B. MYERS

By: T. E. Oakley

Thomas E. Oakley, President

Printed Name: HELEN L. STEGMAN

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that on the 25th day of July, 2002, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **Thomas E. Oakley, as President of Thomas E. Oakley, Inc.,** as general partner of the **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by **Thomas E. Oakley, as President of Thomas E. Oakley, Inc.,** as general partner of the **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. He or she is personally known to me or has produced a driver's license as identification.

(SEAL)

HELEN L. STEGMAN
Notary Public, State of Florida
My comm. expires Feb. 26, 2006
Comm. No. DD084618

Printed Name: HELEN L. STEGMAN
Notary Public
My Commission Expires: 2/26/2006

HELEN L. STEGMAN
Notary Public, State of Florida
My comm. expires Feb. 26, 2006
Comm. No. DD084618