

A020000001191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

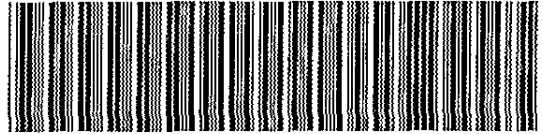
(Document Number)

Certified Copies _____ Certificates of Status _____

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A02-1191

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TALLAHASSEE
FLORIDA



FOWLER WHITE BOGGS BANKER

ATTORNEYS AT LAW

ESTABLISHED 1943

December 31, 2002

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399

Re: Statement of Qualification for Florida Limited Liability Limited Partnership Filing

Ladies/Gentlemen:

Please find enclosed the following for filing:

1. Statement of Qualification for Florida Limited Liability Limited Partnership; and
2. Our check #491328 in the amount of \$25.00 representing the filing fees.

Please contact Kevin D. Nelson, Esquire directly at (813) 222-2020 if there are any questions.

Very truly yours,

Deborah K. Miller
Paralegal to Kevin D. Nelson

/dkm
Ltrs/0047
enclosure

FOWLER WHITE BOGGS BANKER P.A.

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TELEPHONE (813) 228-7411 • FAX (813) 229-8313 • www.fowlerwhite.com

**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:
Classic City Enterprises, Ltd.

Insert limited partnership's Florida document number: A02000001191
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLLP, 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:
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:
Jeffrey C. Shannon, Esquire
501 E. Kennedy Boulevard, Suite 1700
Tampa, Florida 33602

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 30th day of December, 2002

Signature of TWO Partners:

Frank E. Guthrie
Robert L. McCoy

Typed or printed names of partners signing above: Frank E. Guthrie, As CEO of Classic City Doughnut Co., GP
Robert L. McCoy, in his representative capacity as Trustee of the Frank E. Guthrie Irrevocable Gifting Trust dated December 27, 2000

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

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