

A02000001724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

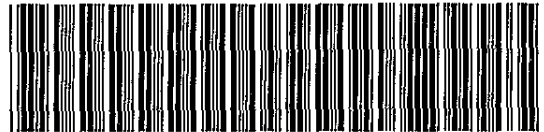
(Business Entity Name)

(Document Number)

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12/27/02--01020--026 *\$77.50

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STATE
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

FILED
02 DEC 27 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Tricia Tadlock
DATE: 12-27-02
REF. #: 0174.11688
CORP. NAME: Beverly Associates, L.L.P.

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION UCC-1 UCC-3

OTHER: Statement of Qualification for L.L.P.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE FEES PREPAID WITH CHECK# 504087 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

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:
BEVERLY ASSOCIATES, LTD.
However, the partnership shall be known as BEVERLY ASSOCIATES, L.L.L.P.
Insert limited partnership's Florida document number: A02 000001724

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, L.L.L.P.)

3. The street address of its chief executive office: 240 S. PINEAPPLE AVENUE, 10TH FLOOR
(if different from current recorded address): SARASOTA FL 34236

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.

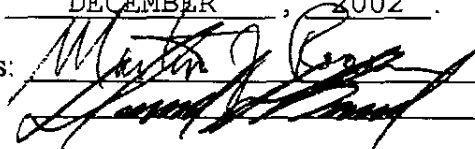
6. The effective date of this filing shall be:
 as of the date this document is filed with the Florida Secretary of State
or
 a date later than the time of filing: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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7. The name and Florida street address of the partnership's agent for service of process:
DAVID S. BAND
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, Florida 34236

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 26th day of DECEMBER, 2002.

Signature of TWO Partners: 

Typed or printed names of partners signing above: DAVID S. BAND
MARTIN J. ROSEN, Manager for
Rosen Consulting, L.L.C.

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