

A02000001725

(Requestor's Name)

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☐ PICK-UP

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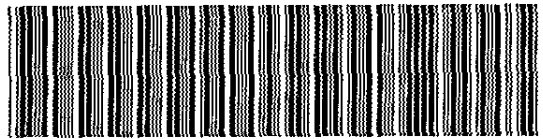
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/27
just

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. #: 0174.11686
CORP. NAME: 33rd Avenue Associates, L.L.P.

- | | | |
|--|---|--|
| <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 for L.L.P.

STATE FEES PREPAID WITH CHECK# 504006 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

33RD AVENUE ASSOCIATES, LTD.

However, the partnership shall be known as 33RD AVENUE ASSOCIATES, L.L.L.P.

Insert limited partnership's Florida document number: _____

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: 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:

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:

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

GARY LANDSMAN

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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