

A03000000113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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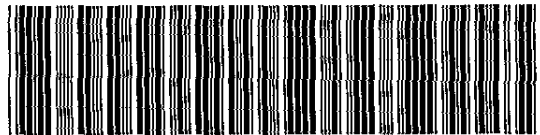
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

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

FILING COVER SHEET
ACCT. #FCA-14

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03 JAN 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: PAM
DATE: 1-23-03
REF. #: 0174. 12294
CORP. NAME: CARILLON ASSOCIATES LTD

☐ 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 LLC

STATE FEES PREPAID WITH CHECK# 50819 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:

CARILLON ASSOCIATES, LTD.

However, the partnership shall be known as CARILLON ASSOCIATES, L.L.L.P.

Insert limited partnership's Florida document number: AC300000113

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

(if different from current recorded address):

10TH FLOOR

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 22ND day of JANUARY, 2003

Signature of TWO Partners: _____

Typed or printed names of partners signing above:

DAVID S. BAND

STANLEY B. KANE

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75