

A030000000137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

A03-137

(Document Number)

Certified Copies _____ Certificates of Status _____

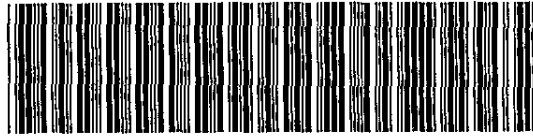
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STATE OF FLORIDA
TALLAHASSEE

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Weston Common Area Ltd.**

(Name of Limited Partnership)

DOCUMENT NUMBER: **A03000000137**

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter A. Mardinly, Esquire

(Name of Person)

Belmont Investment Corp.

(Firm/Company)

600 Haverford Road, Suite G101

(Address)

Haverford, PA 19041

and Zip Code)

For further information concerning this matter, please call:

Peter A. Mardinly, Esquire

(Name of Person)

at (**610**) **896-0513 x 22**

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**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:
Weston Common Area Ltd.

Insert limited partnership's Florida document number: **A03000000137**

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Weston Common Area LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **c/o Belmont Investment Corp.**
(if different from current recorded address): **600 Haverford Road, Suite G101**
Haverford, PA 19041

4. The street address of principal office in Florida: **c/o Weston Leasing**
(if different from above) **1675 Market Street, Suite 207**
Weston, FL 33326

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:

Robert W. Frazier, Jr., Esquire
2400 EAST COMMERCIAL BLVD., Suite 826
Fort Lauderdale, Florida **33308**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **31st** day of **October**, **2005**.

Signature of TWO Partners:

Barry J. Belmont - President G.P.
Barry J. Belmont

Typed or printed names of partners signing above: **Weston Common Area, LLC, GP**
Barry J. Belmont, Limited Partner

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