

A03000000952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

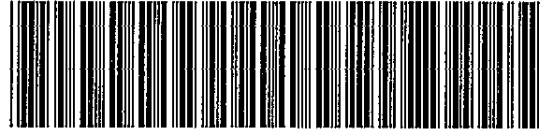
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUL -2 PM 4:07
TALLAHASSEE, FLORIDA

BK

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Red Beach Lak LLC

File 2nd

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

☒ LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

☒ Annual Report / Reinstatement

Cert. Copy

Photo Copy

☒ Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

FILED
03 JUL -2 PM 4:07
TALLAHASSEE, FLORIDA

RECEIVED
03 JUL -2 AM 11:45
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:
RED BEACH LAKE, LLLP

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: LLLP

(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 5703 MAIN STREET

(if different from current recorded address):

NEW PORT RICHEY, FLORIDA 34652

4. The street address of principal office in Florida: 5703 MAIN STREET

(if different from above)

NEW PORT RICHEY, FLORIDA 34652

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 E. LIVINGSTON

445 SOUTH COMMERCE AVENUE

SEBRING, Florida 33870

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 June, 2003

Signature of TWO Partners: _____

Typed or printed names of partners signing above: ROGERS INVESTMENT PARTNERSHIP

LESTER MALLET

By: Alton D. Rogers

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75