

A03000001364

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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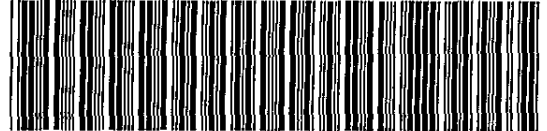
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/03--01018--016 **77.50

RECEIVED
03 SEP 19 AM 10:25
STATE
DIVISION OF CORPORATIONS
FALLS CHURCH, VIRGINIA

BK

FILED
03 SEP 19 PM 2:33
FALLS CHURCH, VIRGINIA

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 09/19/03

REF. #: 0174.19581

CORP. NAME: BAYSHORE SPORTS ASSOCIATES, L.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 checked="" type="checkbox"/> OTHER: L.L.L.P. | | |

STATE FEES PREPAID WITH CHECK# 506325 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

(16)

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03 SEP 19 PM 2:33
TALLAHASSEE, FLORIDA

file 2nd

File 2nd

**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:

BAYSHORE SPORTS ASSOCIATES, LTD.

However, the partnership shall be known as Bayshore Sports 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 AVE., 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 18th day of SEPTEMBER, 2003

Signature of TWO Partners: _____

Typed or printed names of partners signing above:

FLAMINGO CONSULTING AND MANAGEMENT, INC.

By: David S. Band, President

MARTIN J. ROSEN

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75