

A0300000 1634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

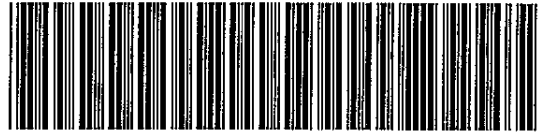
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*11/20
[Signature]*

Office Use Only



900024554199

11/14/03--01029--013 **86.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 20 PM 4: 16

FILED



November 3, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Formation and RE-filing of CLARA PLACE PARTNERS, LLLP

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 NOV 20 PM 4:16

FILED

To Whom It May Concern:

Regarding the returned filing for CLARA PLACE PARTNERS, LLLP, I am returning the original documents along with a completed Statement of Qualification for a Florida Limited Liability Limited Partnership. Please note that because this partnership has never existed in any form prior to this submission, I have no Document Number that I can provide on the referenced form.

In addition to fees totaling \$1,846.25, which we have previously submitted with the Certificate of Limited Partnership, I am enclosing a check in the amount of \$86.25 in association with the enclosed Statement of Qualification, which includes the filing fee of \$25.00, Certified Copy \$52.50 and Certificate of Status \$8.75.

If you have any questions, please contact me at 386-738-6812 (office) or 386-801-2031 (mobile).

Thank you.

Sincerely,
CENTRAL MANAGEMENT COMPANY

Robert A. Guirlinger
Vice President

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARA PLACE PARTNERS, LLLP
(Name of Limited Partnership)

DOCUMENT NUMBER: Not yet issued.

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:

Robert A. Guirlinger
(Name of Person)

Central Management Company
(Firm/Company)

201 S. Amelia Ave., G-4
(Address)

DeLand, FL 32724
and Zip Code)

SECTION 61-211
TALLAHASSEE, FLORIDA
03 NOV 20 PM 4:16
FILED

For further information concerning this matter, please call:

Robert A. Guirlinger at (386) 738-6812
(Name of Person) (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:
F CLARA PLACE PARTNERS, LLLP

Insert limited partnership's Florida document number: A0300000 1634
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:

CLARA PLACE PARTNERS, LLLP

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

3. The street address of its chief executive office: CLARA PLACE PARTNERS, LLLP
(if different from current recorded address): 201 S. Amelia Ave., G-4
DeLand, FL 32724

4. The street address of principal office in Florida: Same as above.
(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:

XX as of the date this document is filed with the Florida Secretary of State

or

 a date later than the time of filing:

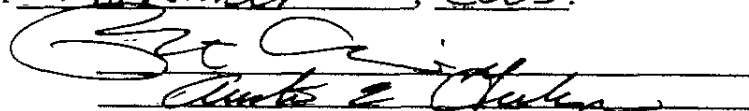
7. The name and Florida street address of the partnership's agent for service of process:

Robert A. Guirlinger
201 S. Amelia Ave., G-4
DeLand, Florida 32724

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 3rd day of November, 2003.

Signature of TWO Partners:



Typed or printed names of partners signing above:

CENTRAL MANAGEMENT COMPANY, Gen. Partner
Robert A. Guirlinger, Vice President
Austin E. Guirlinger, Limited Partner

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

FILED
03 NOV 20 PM 4:16
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
03 NOV 20 PM 4:13