

A03 000000 1729

(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:

Office Use Only



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12/03/03--01024--012 \*\*26.35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 11 AM 10:06

FILED

A03-1729  
OR



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 2, 2003

DAVID MCGREW  
4644 KEYSVILLE AVENUE  
SPRING HILL, FL 34608

SUBJECT: CCW INVESTORS, LP  
Ref. Number: W03000033888

We have received your document for CCW INVESTORS, LP and check(s) totaling \$186.35 of which \$186.25 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$26.35 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

The registered agent must sign accepting the designation.

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum  
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	

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TALLAHASSEE, FLORIDA

\$7 per \$1000 on increase only  
(\$52.50 minimum-\$1750 maximum)

Certificate of Status or Fact

\$8.75

Cancellation

\$52.50

Resignation of Registered Agent

\$87.50

LP Annual Report/Uniform Business Report

\$7 per \$1000 of invested capital

(\$52.50 minimum - \$437.50 maximum)

plus Supplemental Fee of \$138.75

Reinstatement

(\$500 for each year or part thereof the  
partnership was revoked plus the delinquent  
annual report/uniform business report fees)

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 903A00062021

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requestor's Name	
Address	
City/State/Zip	Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 TALAHASSEE, FLORIDA

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten:*  
 \$25.00  
 \$8.75

Examiner's Initials	
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**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:

CCW Investors, LP

Insert limited partnership's Florida document number: \_\_\_\_\_

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:

CCW Investors, LLP

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

3. The street address of its chief executive office:  
(if different from current recorded address):

4644 KEYSVILLE AV

Spring Hill, FL 34608

4. The street address of principal office in Florida:  
(if different from above)

SAME.

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

1 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 M. MCGREW

4644 KEYSVILLE AV

SPRING HILL,

Florida

34608

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 29<sup>th</sup> day of October, 2003.

Signature of TWO Partners:

[Signature]  
[Signature]

Typed or printed names of partners signing above:

DAVID M. MCGREW  
JANIS R JACKSON

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

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