

A03000001816

(Requestor's Name)

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(City/State/Zip/Phone #)

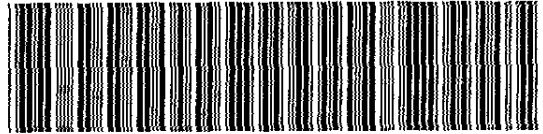
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 26 AM 10:40

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 DEC 26 AM 10:02

RECEIVED

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

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ACCT. #FCA-14

File 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: MEGAN HODGE

DATE: December 26, 2003

REF. #: 0174.22221

CORP. NAME: SPA ASSOCIATES, L.L.L.P.

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER: STATEMENT QUALIFICATION

STATE FEES PREPAID WITH CHECK# 507068 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

W

**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:
SPA ASSOCIATES, LTD., a Florida limited partnership
However, the partnership shall be known as SPA 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, L.L.L.P.)

3. The street address of its chief executive office: 240 S. PINEAPPLE AVENUE
(if different from current recorded address): 10TH FLOOR

SARASOTA, FL 34236

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

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TALLAHASSEE, FLORIDA

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

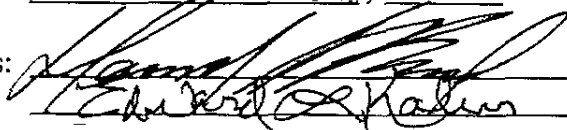
240 S. PINEAPPLE AVENUE, 10TH FLOOR

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 24th day of DECEMBER, 2003.

Signature of TWO Partners: _____



Typed or printed names of partners signing above: DAVID S. BAND

EDWARD L. KALIN, Trustee of the Edward L. Kalin
Revocable Trust u/a/d November 27, 1995

Filing Fee: \$25.00

Certified Copy: (optional): \$52.50

Certificate of Status: (optional): \$8.75