A03000001850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

J. BRYAN FEB - 4 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **The Barbara L. Gilbert Limited Partnership**
(Name of Limited Partnership)

DOCUMENT NUMBER: **A03000001850**

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:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Joseph A. Porrello, Esq.
(Name of Person)

Joseph A. Porrello, P.A.
(Firm/Company)

550 Brickell Avenue - Penthouse 2
(Address)

Miami, Florida 33131
and Zip Code)

For further information concerning this matter, please call:

Joseph A. Porrello, Esq. at (**305**) **374-0092**
(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

INHS66(9/03)

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:
The Barbara L. Gilbert Limited Partnership

Insert limited partnership's Florida document number: **A03000001850**
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

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TALLAHASSEE, FLORIDA

2. The complete name of the entity after filing Statement of Qualification shall be:

The Barbara L. Gilbert Limited Partnership, LLLP
(Must include LLLP or L.L.L.P.)

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

4. The street address of principal office in Florida: 9 Island Avenue, Penthouse 4
(if different from above) Miami Beach, FL 33139

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 H. Gilbert, M.D.
5705 Hamilton Way
Boca Raton, Florida **33496**

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 26th day of January, 2004

Signature of TWO Partners: Barbara L. Gilbert

Typed or printed names of partners signing above: **Barbara L. Gilbert**
David H. Gilbert, M.D.

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