A0400000040

(Re	questor's Name)	
(100	94000010110110)	
- (Ad	dress)	
\ <i>'</i> 100	u1000)	
	dress)	
(/ \	uiossj	
	y/State/Zip/Phone	a #0
(Oil	y/Otate/Zip/i none	ε π)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to		
,	-	

Office Use Only



100024794091

01/08/04--01031--006 **25.00

FILED

2004 JAN -8 PM 1: 22

DIVILION OF CORFORATION

DIVILION OF CORFORATION

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		VIA EXPRESS MAIL
SUBJ	ECT: GB LIMITED PARTNERSHIP I		
	(Nan	ne of Limited Partnership)	
DOC	UMENT NUMBER: (Ref. W03000039	9509)	
The er filing.	nclosed Statement of Qualification for Florida	a Limited Liability Limited I	Partnership and fee(s) are submitted for
Please	return all correspondence concerning this m	atter to the following:	
	Robert R. Crittenden		
		(Name of Person)	
		,	
CRI	TTENDEN & CRITTENDEN, P.A.		
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	
	103 Avenue A, N.W.		
		(Address)	
	Winter Haven, Florida 33		
		and Zip Code)	
For fu	rther information concerning this matter, plea	ase call:	
	Robert R. Crittenden	at (863) 293 -	2161
	(Name of Person)		Daytime Telephone Number)
	STREET ADDRESS: Registration Section Division of Corporations	Registra	NG ADDRESS: ation Section n of Corporations
	409 E. Gaines Street	P.O. Bo	
	Tallahassee, Florida 32399	Tallaha	ssee, Florida 32314

INHS66(9/03)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 29, 2003

ROBERT R. CRITTENDEN CRITTENDEN & CRITTENDEN, P.A. P.O. DRAWER 152 WINTER HAVEN, FL 33882-0152

SUBJECT: GB LIMITED PARTNERSHIP, LLLP

Ref. Number: W03000039509

HIP III P and

We have received your document for GB LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$1785.00. However, the document has not been filed and is being retained in this office for the following:

Can't file Limited Partnership with LLLP suffix unless you also file STATEMENT OF QUALIFICATION which gives it the LLLP status.,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 203A00068941

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 GB LIMITED PARTNERSHIP, LLLP
Insert limited partnership's Florida document number: A040000040
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:
GB LIMITED PARTNERSHIP, LLLP
(Must include LLLP or L.L.L.P.)
(Mass divided Elect of Electric)
3. The street address of its chief executive office: 502 East Bridgers Avenue (if different from current recorded address): Auburndale, FL 33823
4. The street address of principal office in Florida: 502 East Bridgers Avenue (if different from above) Auburndale, FL 33823
5. The limited partnership hereby elects to be a limited liability limited partnership. 6. The effective date of this filing shall be:
7. The name and Florida street address of the partnership's agent for service of process: Robert R. Crittenden
103 Avenue A, N.W.
Winter Haven , Florida 33881
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
Typed or printed names of partners signing above: Milton Jacobs Guy Bostick

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