

A04 0000000095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

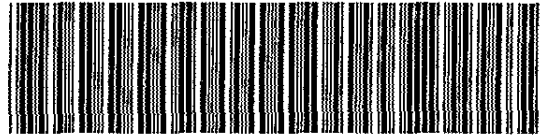
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 20 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realtors & Associates, LLLP
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

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:

Fred L. Jackson

(Name of Person)

Realtors & Associates, LLLP

(Firm/Company)

432 S.E. 9TH Place Cape Coral Florida

(Address)

33990

(and Zip Code)

For further information concerning this matter, please call:

Fred L. Jackson

(Name of Person)

at (239) 573-9331

(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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:
Realtors & Associates, LLLP

Insert limited partnership's Florida document number: A04000000095

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:

Realtors & Associates, 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: 432 S.E. 9th Place

(if different from above) Cape Coral, FL 33990

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

6. The effective date of this filing shall be:

1-1-04 as of the date this document is filed with the Florida Secretary of State

or

ASAP a date later than the time of filing: _____

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

Fred L. Jackson

432 S.E. 9TH PLACE

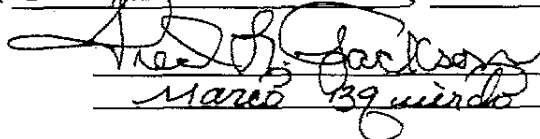
Cape Coral

Florida 33990

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 28TH day of December, 2003

Signature of TWO Partners:



Typed or printed names of partners signing above: **Fred L. Jackson**

Marco A. Izquierdo

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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JACKSON & ASSOCIATES, L.L.P.
TALLAHASSEE, FLORIDA