

A040000000156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

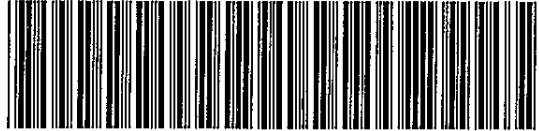
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RECEIVED
04 JAN 29 PM 2:16
TALLAHASSEE, FLORIDA

FILED
04 JAN 29 PM 5:55
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

FILED
04 JUN 29 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 01-29-04

REF. #: 0174.23062

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

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: LLLP | | |

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 77.50.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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:
CABRITA ASSOCIATES, LTD., a Florida limited partnership
However, the partnership shall be known as CABRITA 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, LLLP.)

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) _____

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 28th day of JANUARY, 2004.

Signature of TWO Partners: [Signature] [Signature]

Typed or printed names of partners signing above: FLAMINGO CONSULTING AND MANAGEMENT, INC., a
Florida corporation, By: David S. Band, Pres.
STANLEY B. KANE, as Trustee of the Stanley B.
Kane Revocable Trust u/a/d March 14, 1989, as
amended

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