

A04000000752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

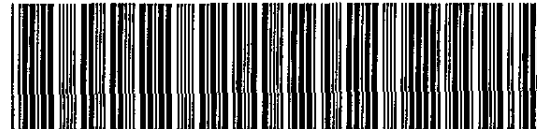
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name and Entity	
Document	DCC
Number	DCC
Office Use Only	
Document	DCC
Document	DCC
Document	DCC
Document	DCC



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2004 MAY 10 P 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



HENDERSON KEASLER LAW FIRM

May 7, 2004

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY
TRACKING NUMBER: 844833760000

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: **Bella Vista on the Intracoastal Limited Partnership**

Dear Sir or Madam:

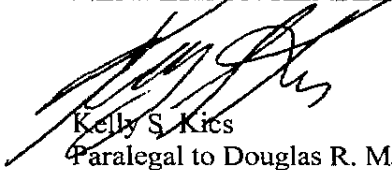
Enclosed for filing is a Statement of Qualification for Florida Limited Liability Limited Partnership along with our check in the amount of \$138.75 representing:

Statement of Qualification FL LLLP	\$ 25.00
Certified Copy Fee for Stmt. of Qualif.	52.50
Certified Copy Fee for Limited Partnership Certif.	52.50
Certificate of Status	8.75
Subtotal	\$138.75

Please acknowledge receipt of these documents by date stamping the enclosed copy of this letter and returning same with the requested certified copies in the enclosed pre-addressed pre-paid Federal Express Envelope.

If you have any questions in this regard please contact our firm.

Sincerely,
HENDERSON KEASLER LAW FIRM


Kelly S. Kics
Paralegal to Douglas R. Maxwell
/kk
Enclosures

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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: Bella Vista on the Intracoastal Limited Partnership.

Insert limited partnership's Florida document number: A04000000752

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:
Bella Vista on the Intracoastal, LLLP.
3. The street address of its chief executive office: 1518 Koenig Lane
Austin, Texas 78756
4. The street address of principal office in Florida: 2451 South Ponte Vedra Blvd.
Ponte Vedra Beach, Florida 32082
5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be:
 √ 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:

Douglas R. Maxwell
San Pablo Office Park
4309 Pablo Oaks Court, Suite 5
Jacksonville, Florida 32224

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 7th day of May, 2004.

Signature of Two Partners:

MONTECITO BELLA VISTA, INC., a Florida
corporation, as sole general partner

MONTECITO INVESTMENT
COMPANY, LLC, a Florida limited liability
company, as limited partner

By: Douglas R. Maxwell

Printed Name: Douglas R. Maxwell

Title: Vice President/Assistant Secretary

Douglas R. Maxwell

Printed Name: Douglas R. Maxwell

Title: Vice President/Assistant Secretary

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