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(City/State/Zip/Phone #)

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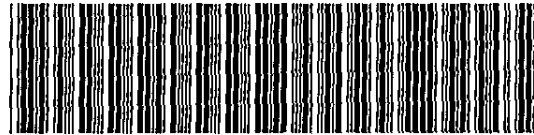
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cyclone Technologies, Ltd.

(Name of Limited Partnership)

**DOCUMENT NUMBER:** PO4000088284

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:

Scott R. Austin

(Name of Person)

Arnstein & Lehr LLP

(Firm/Company)

2424 N. Federal Highway, Suite 462, Boca Raton, FL

(Address)

33431

and Zip Code)

For further information concerning this matter, please call:

Scott R. Austin

(Name of Person)

at ( 561 ) 322-6920

(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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TALLAHASSEE, FLORIDA  
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**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:  
**Cyclone Technologies, Ltd.**

Insert limited partnership's Florida document number: ~~PO4000038284~~ AC4-1063  
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:

**Cyclone Technologies, LLLP**

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **601 NE 3RD COURT**  
(if different from current recorded address): **SUITE C**  
**POMPAN0 BEACH FL 33064**

4. The street address of principal office in Florida: **same**  
(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:

**Scott R. Austin, Arnstein & Lehr LLP, 2424 N. Federal Highway, Suite 462,**  
**Boca Raton**, Florida **33431**

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 **1st** day of **April**, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: **Frankie Fruge, Limited Partner**  
**Harry Schoell, Limited Partner**

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

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SECRETARY OF STATE  
LLP-STATE-FLORIDA