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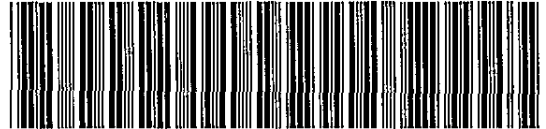
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FF \$25

J. BRYAN OCT 6 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVENT PROPERTIES 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:

CYGETHIA G. KANKAM

(Name of Person)

ADVENT PROPERTIES LLLP

(Firm/Company)

1395 STATE ROAD 7, SUITE 400, WELLINGTON, FL

(Address)

33414

and Zip Code)

For further information concerning this matter, please call:

CYGETHIA KANKAM

(Name of Person)

at (561) 758-5330

(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

**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:
ADVENT PROPERTIES, LLLP

Insert limited partnership's Florida document number: _____
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:

ADVENT PROPERTIES, LLLP

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

3. The street address of its chief executive office: **1395 STATE ROAD 7**
(if different from current recorded address): **SUITE 400**

WELLINGTON, FL 33414 - 6141

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:

09/04 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:

1395 STATE ROAD 7

SUITE 400

WELLINGTON, _____, Florida 33414 - 6141

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 **15TH** day of **SEPTEMBER**, **2004**.

Signature of TWO Partners:

Typed or printed names of partners signing above: **CYGETHIA G. KANKAM**
EDWARD K. KANKAM

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

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TALLAHASSEE, FLORIDA
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