

A040000001823

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BROWN DEC 7 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.O.M. OF CENTRAL FLORIDA, LTD
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000001823

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:

Carole Pece
(Name of Person)

P.O.M. OF CENTRAL FLORIDA, LTD
(Firm/Company)

18490 EAST COLONIAL DRIVE
(Address)

ORLANDO, FL 32820
(and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carole Pece at (407) 207-4589
(Name of Person) (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

**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:
P.O.M. OF CENTRAL FLORIDA, LTD

Insert limited partnership's Florida document number: **A04000001823**

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:

POM OF CENTRAL FLORIDA, LLLP

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

3. The street address of its chief executive office: **18490 EAST COLONIAL DRIVE**
(if different from current recorded address): **ORLANDO, FL 32820**

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:

Carole Pece

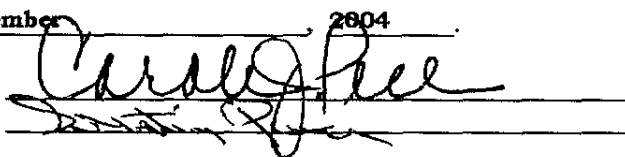
18490 EAST COLONIAL DRIVE

ORLANDO, Florida **32820**

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 19th day of November, 2004

Signature of TWO Partners:



Typed or printed names of partners signing above: **Carole J. Pece, Trustee**
Gustive Pece

Filing Fee: \$25.00
Certified Copy (optional): \$52.50

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