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2005 JAN 10 P 2:48

(Requestor's Name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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LAW OFFICES
AMARI & THERIAC, P.A.

Attorneys and Counselors At Law

Richard S. Amari
Bradly Roger Bettin, Sr.
Mitchell S. Goldman
Karen S. Harkness
J. Wesley Howze
Mary E. Lytle
David R. Martin
Matthew J. Monaghan
David M. Presnick
James S. Theriac, III

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mariner Square
96 Willard Street, Suite 302
Post Office Box 1807
Cocoa, Florida 32923-1807
Telephone (321) 639-1320
Fax (321) 639-6690

Reply to: Cocoa Post Office Box

January 7, 2005

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: PHARLO CITRUS PROPERTIES PARTNERSHIP, LLLP

Dear Sir or Madam:

Enclosed for filing is a duplicate original of the Statement of Qualification for a Florida Limited Liability Limited Partnership for the aforementioned entity. Also enclosed is our firm's check payable to Secretary of State in the amount of \$25.00 to cover the filing fee.

Please return a certified copy to the undersigned at the post office box noted above. If you have any questions concerning the foregoing, please call me at 321-639-1320.

Sincerely,


David M. Presnick

Enclosures

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED

1. The name of the limited partnership as identified in the records of the Florida Department of State: **PHARLO CITRUS PROPERTIES PARTNERSHIP.**

Insert limited partnership's Florida document number: A04000001858

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP

"Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office:

Street: 96 Willard Street, Suite 302

City/State: Cocoa, Florida 32922

4. The street address of principal office in Florida:

Street: 96 Willard Street, Suite 302

City/State: Cocoa, Florida 32922

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 L. Dickinson

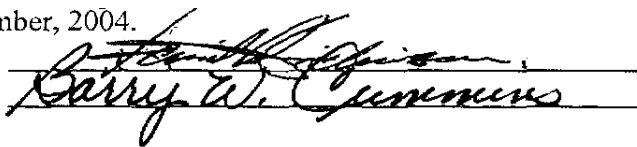
433 Moore Park Lane

Merritt Island, Florida 32952.

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 24th day of November, 2004.

Signature of TWO Partners:



Typed or printed names of

partners signing above:

David L. Dickinson and Barry Cummins, Limited Partners

Filing Fee: \$25.00

Certified Copy (optional) \$52.50

Certificate of Status (optional) \$8.75