

A05000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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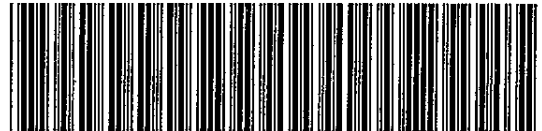
(Business Entity Name)

(Document Number)

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2005 FEB 28 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 47th Terrace Equity Partners LTD
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000000006

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:

Timothy P. O'Hagan
(Name of Person)

(Firm/Company)

8710 Kilkenny CT
(Address)

Fort Myers, FL 33912
and Zip Code)

For further information concerning this matter, please call:

Timothy P. O'Hagan
(Name of Person)

at (239) 826-0136
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 28 PM 12:56

**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:

47th Terrace Equity Partners LTD

Insert limited partnership's Florida document number: A05 0000000006
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:

47th Terrace Equity Partners LLLP

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

3. The street address of its chief executive office:
(if different from current recorded address):

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:

Timothy P. O'Hagan
8710 Kilkenny CT
Fort Myers

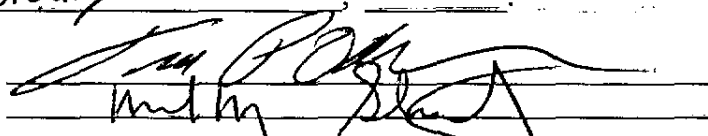
Florida

33912

The execution of this statement as a partner constitutes an affirmation under the penalties perjury that the facts stated herein are true.

Signed this 22 day of February

Signature of TWO Partners:



Typed or printed names of partners signing above:

Timothy P. O'Hagan
Mark M. Steinberg

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

2005 FEB 28 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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