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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 02/00/05

A 050000000299
Law Offices
NEIL SCHAFFEL, P.A.
Via Federal Express

February 9, 2005

Lee Rivers
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

Re: Quad Investors, Ltd.
Qualifications for a Florida Limited Liability Limited Partnership.

Dear Mr. Rivers:

This letter will confirm our telephone conversation of today regarding Quad Investors, Ltd. and the qualifications to Quad Investors, LLLP.

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HL

As explained to you by telephone, it is important that the limited partnership be filed and qualified as an limited liability limited partnership on Thursday February 10, 2005. Also, enclosed please find a check in the amount of Twenty Five Dollars (\$25.00), payable to Florida Department of State, for the cost of the filing fee.

02/10/05

We appreciate your cooperation in this matter and we most appreciate the courtesy which you extended to us in this process. Should you have any questions, please do not hesitate to contact us.

Very truly yours,

NEIL SCHAFFEL, P.A.

By: Neil Schaffel
Neil Schaffel, Esquire

NS/dd

encl.

3p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quad Investors, Ltd.

(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:

Neil Schaffel, Esq.

(Name of Person)

Neil Schaffel, P.A.

(Firm/Company)

3300 University Drive, Suite 709

(Address)

Coral Springs, FL 33065

and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Neil Schaffel

(Name of Person)

at (954) 340-3311

(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:
Quad Investors, Ltd.

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:

Quad Investors, LLLP

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

3. The street address of its chief executive office: **N/A**
(if different from current recorded address): _____

4. The street address of principal office in Florida: **N/A**
(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:

Steven Schiff

9955 North Kendall Drive, Suite 205

Miami, Florida **33176**

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 **4th** day of **February**, **2005**.

Signature of TWO Partners:

[Signature]
Barbara Schiff, Schiff Family Holdings

Typed or printed names of partners signing above: **Steven Schiff**
Barbara Schiff, Schiff Family Holdings

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

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