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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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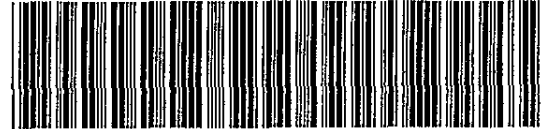
(Business Entity Name)

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TALLAHASSEE, FLORIDA

CE-8150

5P

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE HOLDINGS L.L.P.
(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:

DAVID Schnulle W05-2382
(Name of Person)

CAPE HOLDINGS Incorporated
(Firm/Company)

P.O. 511794
(Address)

Punta Gorda, FL 33951
(City and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID Schnulle at (941) 628-2224
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 14, 2005

DAVID SCHNULLE
CAPE HOLDINGS INCORPORATED
P.O. BOX 511794
PUNTA GORDA, FL 33951

SUBJECT: CAPE HOLDINGS LLLP
Ref. Number: W05000002382

We have received your document for CAPE HOLDINGS LLLP and check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$37.50. Refer to the attached fee schedule for breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 505A00002929

SECRET
TALLAHASSEE, FLORIDA

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IN RE W05000002382

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE Properties Holding 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:

DAVID Schnulle
(Name of Person)

CAPE HOLDINGS Incorporated
(Firm/Company)

P.O. Box 511794
(Address)

Punta Gorda FL 33951
(and Zip Code)

For further information concerning this matter, please call:

DAVID Schnulle at 941 628-2224
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
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Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

1. CAPE Properties HOLDING, LTD
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. P.O. Box 511794 Punta Gorda, FL 33951
(Business address of Limited Partnership)
3. DAVID Schulte
(Name of Registered Agent for Service of Process)
4. 16501 CAPE HAVEN BL Punta Gorda FL 33951
(Florida street address for Registered Agent)
5. [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. P.O. Box 511794 Punta Gorda FL 33951
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: JANUARY 1ST 2010
8. Name(s) of general partner(s): _____ Street address: _____

CAPE HOLDINGS Incorporated 502 E. JOHN ST, Carson City NV
F05-1146 dba CAPE HOLDINGS INVESTMENTS, INC 89706

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 21ST day of JANUARY, 2005

Signature of all general partners:

CAPE HOLDINGS Incorporated by [Signature] President
General Partner General Partner

General Partner

General Partner

General Partner

General Partner

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SECRETARY OF STATE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of CAPE Properties
HOLDINGS Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 2500⁰⁰.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 2500⁰⁰.

Signed this 21ST day of January, 2005.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

<u>CAPE HOLDINGS Incorporated</u> General Partner	<u>[Signature]</u> General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

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