

A05000000407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

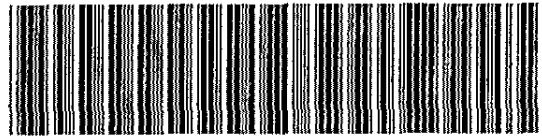
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800047023718

112/24/05--01044--003 **25.00

FILED
2005 FEB 24 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eureka Palms Partnership, 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:

Richard A. Alayon

(Name of Person)

Alayon & Associates, P.A.

(Firm/Company)

2450 S.W. 137th Avenue, Suite 221

(Address)

Miami, Florida 33175

and Zip Code)

For further information concerning this matter, please call:

Richard A. Alayon

(Name of Person)

at (305) 221-2110

(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 24 PM 2:20

FILED

**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:
Eureka Palms Partnership, 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:

Eureka Palms Partnership, 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:

A&A Registered Agent, Inc.

2450 S.W. 137th Avenue, Suite 221

Miami, Florida 33175

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 24 PM 2:20

FILED

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 23rd day of February, 2005.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Pedro J. Adrian, as President of GP
Pedro J. Adrian, Individually

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