

A05000000416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

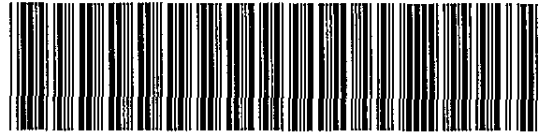
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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Montecito Camelback, ~~xxx~~

Signature \_\_\_\_\_

Requested by: SP

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File \_\_\_\_\_  
☒ ~~STD~~ Partnership File xxx  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
☒ Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**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: Montecito Camelback Limited Partnership.

Insert limited partnership's Florida document number: A05000000416

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:  
Montecito Camelback, LLLP.

3. The street address of its chief executive office: 333 First Street North, Suite 105  
Jacksonville Beach, FL 32250

4. The street address of principal office in Florida: 333 First Street North, Suite 105  
Jacksonville Beach, FL 32250

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:  
  ✓   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:

Douglas R. Maxwell  
San Pablo Office Park  
4309 Pablo Oaks Court, Suite 5  
Jacksonville, Florida 32224

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 28<sup>th</sup> day of February, 2005.

Signature of Two Partners:

MONTECITO CAMELBACK, INC., a Florida  
corporation, as sole general partner

MONTECITO INVESTMENT  
COMPANY, LLC, a Florida limited liability  
company, as limited partner

By: Douglas R. Maxwell  
Printed Name: Douglas R. Maxwell  
Title: Vice President/Assistant Secretary

Douglas R. Maxwell  
Printed Name: Douglas R. Maxwell  
Title: Vice President/Assistant Secretary

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