

A05000000597

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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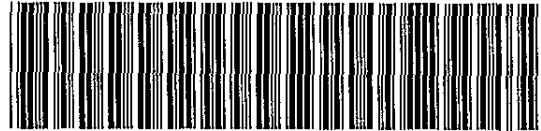
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR - 1 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead Palms Plaza Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000000597

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:

Sandra T. Lynn, Esq.
(Name of Person)

Turner & Lynn, P.A.
(Firm/Company)

830 North Krome Avenue
(Address)

Homestead, FL 33030
and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sandra T. Lynn, Esq. at (305) 247-6521
(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

**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:
Homestead Palms Plaza Limited Partnership

Insert limited partnership's Florida document number: A05000000597

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:

Homestead Palms Plaza LLLP

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

3. The street address of its chief executive office: 830 North Krome Avenue
(if different from current recorded address): Homestead, FL 33030

4. The street address of principal office in Florida: 830 North Krome Avenue
(if different from above) Homestead, FL 33030

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

6. The effective date of this filing shall be:

XX 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:

Sandra T. Lynn, Esq.

830 North Krome Avenue

Homestead, Florida 33030

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 29 day of March, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: Vernon W. Turner, Jr.

Sandra T. Lynn

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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