

A050000000619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

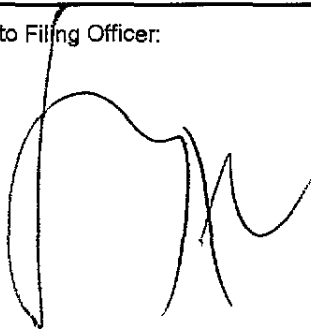
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

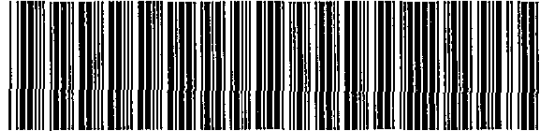
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



Office Use Only



700048841707

03/29/05--01042--024 \*\*25.00

RECEIVED  
05 MAR 29 11:11:49  
TALLAHASSEE, FLORIDA

FILED  
05 MAR 29 PM 4:06  
TALLAHASSEE, FLORIDA

Capitol Services, Inc.

2750 Old St. Augustine Rd., N-145

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

Office Use Only

FILED  
05 MAR 29 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. French Willow Farm LLLP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in      ☒ Pick up time 3/29/05      ☐ Certified Copy  
☐ Mail Out      ☐ Will wait      ☒ <sup>STPD</sup> Photocopy      ☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☒ Limited Partnership LLLP  
☐ Reinstatement  
☐ Trademark  
☐ Other

file  
2nd

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
05 MAR 29 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State  
French Willow Farm Limited Partnership

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:

French Willow Farm, LLLP

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

3. The street address of its chief executive office: 4449 Bay Shore Road  
(if different from current recorded address): Sarasota, FL 34234

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:

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:

Howard A. Jacobs

4449 Bay Shore Road

Sarasota, Florida 34234

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 25 day of MARCH, 2005

Signature of TWO Partners:

Howard A. Jacobs, as Limited Partner

Howard A. Jacobs, as Managing Member

Beverly Management LLC - General Partner

Typed or printed names of partners signing above: \_\_\_\_\_

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