

A050000000629

(Requestor's Name)

(Address)

(Address)

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2005 APR -6 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A05-629
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Daniel L. and Wendy L. Schayes Family Limited Partnership

(Name of Limited Partnership)

DOCUMENT NUMBER: A05 000000629

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:

Cheryl A. Gillispie

(Name of Person)

My Company Solutions, LLC

(Firm/Company)

2151 E. Broadway Road, Suite 111, Tempe, AZ

(Address)

85282

and Zip Code)

For further information concerning this matter, please call:

Cheryl A. Gillispie

(Name of Person)

at (480) 829-3165
(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

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**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:
The Daniel L. and Wendy L. Schayes Family Limited Partnership

Insert limited partnership's Florida document number: A05000000629

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:

The Daniel L. and Wendy L. Schayes Family LLLP

(Must include LLLP or L L L P)

3. The street address of its chief executive office: **5196 Isleworth Country Club Drive**
(if different from current recorded address): **Windermere, FL 34786**

4. The street address of principal office in Florida: **5196 Isleworth Country Club Drive**
(if different from above): **Windermere, FL 34786**

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:

Mike Sonnenschein

1420 Alafaya Trail, Suite 101

Oviedo

Florida 32765

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 **31** day of **March**, **2005**

Signature of TWO Partners:

X **Daniel L. Schayes**
X **Wendy L. Schayes**

Typed or printed names of partners signing above: **Daniel L. Schayes, General Partner**
Wendy L. Schayes, Trustee of Schayes Family
Trust, Limited Partner

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
FLORIDA

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April 5, 2005

*Via Federal Express
Standard Next Day Delivery*

Florida Secretary of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: The Daniel L. and Wendy L. Schayes Family Limited Partnership

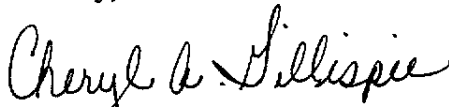
Dear Sir or Madam:

Enclosed for filing with your office is a Statement of Qualification for Florida Limited Liability Limited Partnership in connection with the above-referenced limited partnership. Also enclosed is our check in the amount of \$25.00 to cover the filing fees associated with this filing.

Should you have any questions or need additional information, please do not hesitate to contact me at (480) 921-0442.

Thank you for your assistance with this request.

Sincerely,



Cheryl A. Gillispie

Enclosures

2005 APR -6 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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