

A05000000759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

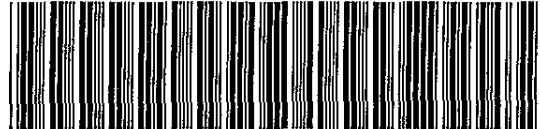
Special Instructions to Filing Officer:

5/20 LUP Aud

A05-759

Office Use Only

02899



000054723600

05/20/05--01037--011 **77.50

noted

05 MAY 20 PM 3:59

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Gateway Building D, Ltd.

(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam Brown

(Name of Person)

JWM Management, Inc.

(Firm/Company)

401 N. Cattlemen Road #100

(Address)

Sarasota, FL 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Brown

(Name of Person)

at (Pam) 342-1754

(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:
Sarasota Gateway Building D, Ltd.

Insert limited partnership's Florida document number: A05000000759

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:

Sarasota Gateway Building D, 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:

Pam Brown JWM Management, Inc.

401 N. Cattlemen Road #100

Sarasota, Florida 34232

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 19th day of May, 2005

Signature of TWO Partners:

Gavin W. Hashad, VP of GP
Pam Brown, Secretary

Typed or printed names of partners signing above: Gavlain Holdings II, LLLP
Sarasota Gateway Building D, Inc.

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

05 MAY 20 10 39 53

FILED