

A05000000759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

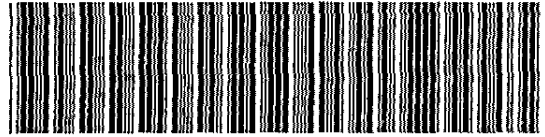
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900054723619

05/20/05--01037--010 **71.00

FILED
05 MAY 20 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A05-759

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Gateway Building D, Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000000759

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:

Pam Brwon
(Name of Person)

JWM Management, Inc.
(Firm/Company)

401 N. Cattlemen Road #100
(Address)

Sarasota, FL 34232
and Zip Code)

For further information concerning this matter, please call:

Pam Brown at (941) 342-1754
(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

FILED
05 MAY 20 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of

Sarasota Gateway Building D, LLLP, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 10,000.00.

This 19th day of May, 2005.

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the
best of my knowledge and belief.*

General Partner(s)

Sarasota Gateway Building D, Inc.

 Pam Brown, Secretary

Fees:
\$7 per \$1000, based on additional contributions
Minimum \$ 52.50
Maximum \$1750.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
05 MAY 20 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA