

A0500000854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

CORAPSTQUL

Certified Copies _____

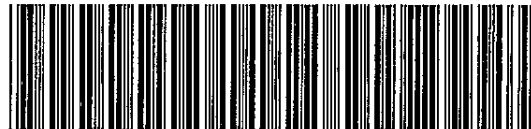
Certificates of Status _____

Special Instructions to Filing Officer:

BK

CORAPSTQUL

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04/15/05--01054--004 **25.00

FILED
05 MAY -4 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 CORAL WAY, 4TH FLOOR

(Address)

MIAMI, FL 33145 (305) 854-6000

(City, State, Zip)

(Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Halsam Associates

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐

Walk in

☐

Pick up time

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Certified Copy

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Mail out

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Will wait

☐

Photocopy

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Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Registration Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 15, 2005

HALSAM ASSOCIATES
C/O SPIEGEL & UTRERA
TALLAHASSEE, FL

SUBJECT: HALSAM ASSOCIATES

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

We assume that it is your intention to file a general partnership, and then to register this general partnership for LLP status.

Please note that we have filed the general partnership registration you sent us.

If this is your intention, then you have used the wrong form.

The form you must use is a STATEMENT OF QUALIFICATION FOR A FLORIDA OR FOREIGN LIMITED LIABILITY PARTNERSHIP. This form is attached.

The form you used can only be used by limited partnerships wishing to attain limited partnership limited liability status.

If it was actually your intention to form a LIMITED PARTNERSHIP and then to get LLLP status, you will need to call BUCK KOHR at (850) 245-6914 for further instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 005A00026031

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05 MAY -4 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HALSAM ASSOCIATES LTD.

Insert limited partnership's Florida document number: A0500000854
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:

HALSAM ASSOCIATES LLLP

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

3. The street address of its chief executive office: 711 Jacaranda Boulevard
(if different from current recorded address): Venice, Florida 34290

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:

☒ as of the date this document is filed with the Florida Secretary of State

or

_____ a date later than the time of filing: _____

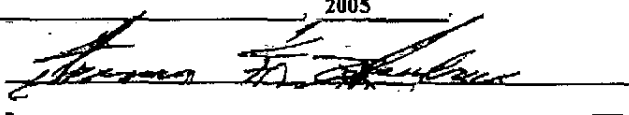
7. The name and Florida street address of the partnership's agent for service of process:

Spiegel & Utrera, P.A.
1840 Southwest 22 Street, 4th Floor
Miami Florida 33145

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 _____ day of April 2005

Signature of TWO Partners:



Typed or printed names of partners signing above: Thomas F. Huebner, Trustee
Thomas F. Huebner Revocable Trust

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