A05000001110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2. (Document #)

3. (Document #)

4. (Corporate Name) (Document #)

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NEW FILINGS

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

AMENDMENTS

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

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

Have Tracking # Assigned 4 $25.00

TRANSMITTAL LET

TO: Registration Section
Division of Corporations

SUBJECT: **Beaumont Properties, Ltd.**
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited P filing.

Please return all correspondence concerning this matter to the following:

Kenneth M. Beane, Esquire
(Name of Person)

_____
(Firm/Company)

670 N. Orlando Avenue, Suite 1004A, Maitland, Florida
(Address)

32751
and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kenneth M. Beane at (**407**) **629-1661**
(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

INHS66(9/03)

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:
Beaumont Properties, Ltd.

Insert limited partnership's Florida document number: _____
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

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TALLAHASSEE, FLORIDA

2. The complete name of the entity after filing Statement of Qualification shall be:

Beaumont Properties, Ltd., L.L.L.P.
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **1200 E. Altamonte Drive**
(if different from current recorded address): **Suite 1020**
Altamonte Springs, FL 32701

4. The street address of principal office in Florida: **1200 E. Altamonte Drive**
(if different from above) **Suite 1020**
Altamonte Springs, FL 32701

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:
Jeffrey W. Jones
1200 E. Altamonte Drive, Suite 1020
Altamonte Springs, Florida **32701**

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 **16th** day of **May**, **2005**.

Signature of TWO Partners: _____
_____

Typed or printed names of partners signing above: **Jeffrey W. Jones**
Benjamin W. Jones

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