

A05000001110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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(Business Entity Name)

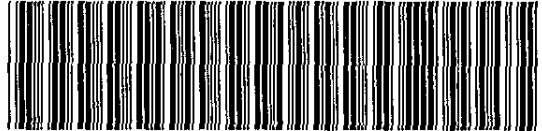
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TALLAHASSEE, FLORIDA

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1.

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| ☐ Walk in | ☐ Pick up time | ☐ Certified Copy |
| ☐ Mail out | ☐ Will wait | ☒ Certificate of Status |
| ☐ Photocopy | | |

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

TRANSMITTAL LETTER

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 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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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kenneth M. Beane

(Name of Person)

at (407) 629-1661

(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:
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.

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

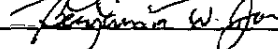
1200 E. Altamonte Drive, Suite 1020

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

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