

A05000001234

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

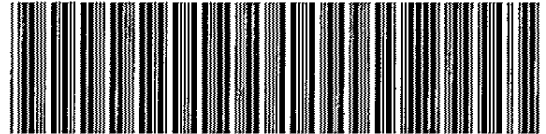
(Document Number)

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RECEIVED
05 JUN 21 AM 10:24
STATE DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

FILED
05 JUN 21 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
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(850) 681-6528

HOLD
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

Jaguar Investors, Ltd., LLLP

(FILE SECOND)

Filing Evidence

☐ Plain/Confirmation Copy

☒ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
X	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

FILED
JUN 21 2005
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

05 JUN 21 AM 7:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership in the records of the Florida Department of State:

JAGUAR INVESTORS, 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 the Statement of Qualification shall be:

JAGUAR INVESTORS, LTD., LLLP.

3. The street address of its chief executive office: **Same as Recorded Address**
(if different from recorded address):

4. The street address of principal office in Florida: **Same as above.**
(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 of the Florida street address of the partnership's agent for service of process:


Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

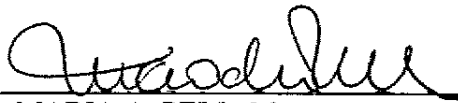
The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 20 day of June, 2005.

Signature and Printed
Name of General Partner:

JAGUAR GP, LLC, General Partner

By: 
I. STANLEY LEVINE, Manager


MARIA A. PELL, Manager