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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 27 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** First Florida Management LLP  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Roberta Allen

(Name of Person)

First Florida Management LLP

(Firm/Company)

12360 66th Street

(Address)

Largo FL 33773

(and Zip Code)

For further information concerning this matter, please call:

Roberta Allen

(Name of Person)

at ( 727 ) 535-9895

(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 25, 2005

FIRST FLORIDA BUSINESS CONSULTANTS INCORPORATED  
12360 66TH STREET NORTH  
LARGO, FL 33773

SUBJECT: FIRST FLORIDA MANAGEMENT LIMITED PARTNERSHIP  
Ref. Number: W05000023053

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Please accept our apology for failing to mention this in our previous letter.

To use LLLP in the name you will have to file the Statement of Qualification which gives it the LLLP status.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 005A00037659

**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:  
FIRST FLORIDA MANAGEMENT LLP

Insert limited partnership's Florida document number: A05000001265

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:

FIRST FLORIDA MANAGEMENT LLLP

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

3. The street address of its chief executive office: 12360 66th Street  
(if different from current recorded address): Largo FL 33773

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:

1/01/05 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:

Lenore Jacobs 12360 66th Street Largo FL 33773

\_\_\_\_\_, Florida \_\_\_\_\_

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 20th day of June, 2005

Signature of TWO Partners:

Typed or printed names of partners signing above:

James W. Moyles

Robertta Allen

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

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