

ADS000001354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

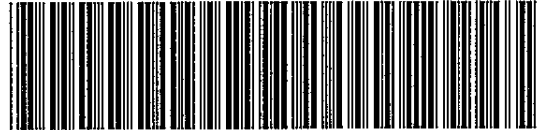
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400061083324

11/15/05--01007--001 **25.00

2005 NOV 14 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ADS-1354
CR

Barbieri, Screnci, Weprin & Rubino PLC *Attorneys at Law*

FRANK A. BARBIERI, JR. ¹

STEPHEN W. SCRENCI ²

TODD B. WEPRIN ³

STEVEN C. RUBINO ⁴

FRANK C. CORSO ⁵

JULES PEARLSTINE, P.A. ⁶

PAUL E. ROMAN, P.A. ⁷

C. J. WAHRMAN III, P.A. ⁸

¹ ADMITTED TO FLORIDA & OHIO BARS

² ADMITTED TO FLORIDA & MASSACHUSETTS BARS

³ ADMITTED TO FLORIDA BAR

⁴ ADMITTED TO FLORIDA & NEW JERSEY BARS

⁵ OF COUNSEL - ADMITTED TO MASSACHUSETTS BAR ONLY

⁶ OF COUNSEL - ADMITTED TO FLORIDA & PENNSYLVANIA BARS

⁷ OF COUNSEL - ADMITTED TO FLORIDA, MASSACHUSETTS & NEW YORK BARS

⁸ OF COUNSEL - ADMITTED TO FLORIDA, KANSAS & MISSOURI BARS

Florida Office:

3200 N. Military Trail, #200

Boca Raton, FL 33431

Tel. (561) 997-5700

Fax (561) 997-8737

Massachusetts Office:

15 Court Square

Boston, MA 02420

Tel. (617) 227-0011

Fax (617) 723-2032

E-mail: info@bswr.net

Website: www.bswr.net

K:\Tipp\04\055113\Barr\Tipp EPG\ec. of State\11-40205.rpt

November 4, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: TRIPP FAMILY LIMITED PARTNERSHIP

Dear Sir/Madam:

Enclosed for filing, please find a Statement of Qualification for Florida Limited Liability Limited Partnership as well as the fee for same.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

BARBIERI, SCRENCI, WEPRIN & RUBINO, PLC

Todd B. Weprin
For the Firm

TBW:maa
Enc

FILED
2005 NOV 14 PM 1:21
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:
Tripp Family Limited Partnership

Insert limited partnership's Florida document number: A05000001354

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:
Tripp Family Limited Liability Limited Partnership

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

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

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:

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

Donna Tripp

22247 Alyssum Way

Boca Raton

Florida

33438

2005 NOV 14 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 15 day of July, 2005

Signature of TWO Partners:

Donna Tripp
X Benjamin Tripp

Typed or printed names of partners signing above: Donna Tripp
Benjamin Tripp

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