

A05 0000001375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

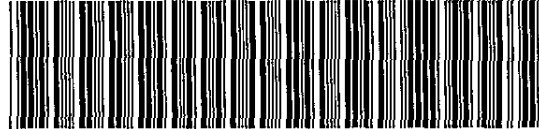
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500055560505

07/15/05--01035--021 **95.00

RECEIVED
05 JUL 15 PM 12:51
TALLAHASSEE, FLORIDA
FILE
DIVISION

FILED
05 JUL 15 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 485558 10264A

AUTHORIZATION :

COST LIMIT : \$ PPD **PLEASE FILE 2ND**

ORDER DATE : July 15, 2005

ORDER TIME : 10:30 AM

ORDER NO. : 485558-015

CUSTOMER NO: 10264A

CUSTOMER: John Fenniman, Esq
John Fenniman, Chartered

Suite 120
900 Southeast Ocean Blvd.
Stuart, FL 34994

DOMESTIC FILING

NAME: THOMPSON BAILEY ASSOCIATES,
LLLP

XX STATEMENT OF QUALIFICATION FOR LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING *(QUAN OF 2)***

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

FILED
05 JUL 15 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE FILL IN FL REG #***

*on both copies.
Thanks*

JOHN FENNIMAN, CHARTERED

ATTORNEYS AT LAW
900 SE OCEAN BLVD., SUITE 120
STUART, FLORIDA 34994

JOHN FENNIMAN

TELEPHONE
772-287-4300

July 14, 2005

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

05 JUL
FILED
PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
HAND DELIVERY

Re: Thompson Bailey Associates, Ltd.

Dear Ladies and Gentlemen:

Enclosed for filing is **Statement of Qualification for Florida Limited Liability Limited Partnership** (with copy) of Thompson Bailey Associates, Ltd.

We have further enclosed a check payable to the Department of State in the amount of \$95.00 for filing fees as follows:

Filing Fee	\$25.00
Two (2) Certificates of Status	17.50
Certified Copy	<u>52.50</u>
Total:	<u>\$95.00</u>

Please deliver the acknowledgment, Certified Copy and Certificates of Status to an agent of CSC Networks for return to this office.

If you have any questions or need additional information, please contact the undersigned or Janice Fenniman at (772) 287-4300.

Sincerely,



John Fenniman

JF/pkr

Enclosures

cc: W.K. Schickedanz
G.H. Schickedanz

**STATEMENT OF QUALIFICATION
FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

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

THOMPSON BAILEY ASSOCIATES, LTD.

Document No.: A05000001375

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

THOMPSON BAILEY ASSOCIATES, LLLP

3. The street address of its chief executive office: 7741 N. Military Trail, Suite 1
Palm Beach Gardens, FL 33410

4. The street address of principal office in Florida: SAME AS ABOVE

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.

7. The name and Florida street address of the partnership's agent for service of process is:

W. K. Schickedanz
7741 N. Military Trail, Suite 1
Palm Beach Gardens, FL 33410

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 14th day of July, 2005.

Signatures of TWO Partners:

G.H. Schickedanz
G.H. Schickedanz

W.K. Schickedanz
W.K. Schickedanz