

A05000001419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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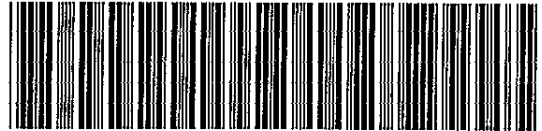
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Peter Goetz & Rae Milne-Goetz Family Limited Partnership**
(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:

Rae Milne-Goetz
(Name of Person)

Peter Goetz & Rae Milne-Goetz Family Limited Partnership
(Firm/Company)

1407 Arthur Street,
(Address)

Orlando FL 32804
and Zip Code)

For further information concerning this matter, please call:

Rae Milne-Goetz at (**407**) **252 7176**
(Name of Person) (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

**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:
Peter Goetz & Rae Milne-Goetz Limited Family Partnership

Insert limited partnership's Florida document number: A05000001419
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:

Peter Goetz & Rae Milne-Goetz Limited Family Partnership LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **1407 Arthur Street**
(if different from current recorded address): **Orlando, FL 32804**

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:

Rae Milne-Goetz
1407 Arthur Street
Orlando, Florida **32804**

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 12 day of June, 2005.

Signature of TWO Partners:

Peter Goetz
Rae Milne-Goetz

Typed or printed names of partners signing above: PETER GOETZ
RAE MILNE-GOETZ

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE