

A05000001443

(Requestor's Name)

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(City/State/Zip/Phone #)

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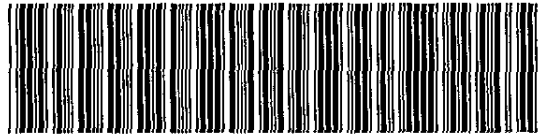
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 JUL 21 AM 11:28

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 07/21/2005

REF. #: 000699.40373

CORP. NAME: SL INVESTMENT FUNDS, LLLP

** File Second*
Att: Jason
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: LLLP | | |

STATE FEES PREPAID WITH CHECK# 513465 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 14, 2005

BRUCE C. ROSETTO
1200 N. FEDERAL HIGHWAY, STE. 417
BOCA RATON, FL 33432

SUBJECT: SL INVESTMENTS, LLLP
Ref. Number: W05000033680

We have received your document for SL INVESTMENTS, LLLP and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

The fee to file a Statement of Qualification is \$25. Please include an additional \$52.50 for each certified copy requested and an additional \$8.75 for each certificate of status requested.

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 905A00048473

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
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Jason Merrick
Document Specialist

Letter Number: 905A00046473

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SL INVESTMENTS, LLLP
(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:

BRUCE C. ROSETTO
(Name of Person)

BLANK ROME LLP
(Firm/Company)

1200 NORTH FEDERAL HIGHWAY, SUITE 417
(Address)

BOCA RATON, FLORIDA 33432
and Zip Code)

For further information concerning this matter, please call:

BRUCE C. ROSETTO
(Name of Person)

at(561) 417-8100
(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

INHS66(9/03)

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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:

SL INVESTMENT FUNDS, LLLP

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 Statement of Qualification shall be:

SL INVESTMENT FUNDS, LLLP

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

3. The street address of its chief executive office: 6132 PAYNE STEWART DRIVE, WINDERMERE,
(if different from current recorded address): FL 34786

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

XXX 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:

MITCHELL MENAKER

6132 PAYNE STEWART DRIVE

WINDMERE

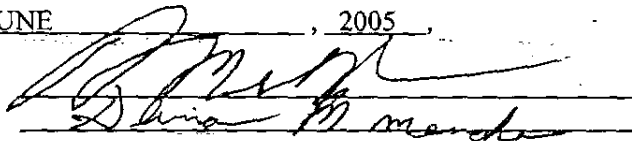
Florida

34786

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 _____ day of JUNE, 2005

Signature of TWO Partners:



Typed or printed names of partners signing above: GILES - MENAKER, LLC - MITCHELL MENAKER
GLORIA MENAKER, LIMITED PARTNER

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75