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(Address)

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A05-1509

OR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Bosque, 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:

Edward T. Yevoli, Esq.
(Name of Person)

Perlman, Yevoli & Albright, P.L.
(Firm/Company)

1500 North Federal Highway, Suite 250
(Address)

Fort Lauderdale, Florida 33304
and Zip Code)

For further information concerning this matter, please call:

Edward T. Yevoli, Esq. at (**954**) **566 - 7117**
(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

INHS66(9/03)

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:
Bosque, LLLP

Insert limited partnership's Florida document number: #05-1509
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:

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

3. The street address of its chief executive office: **50 Ocean Lane Drive**
(if different from current recorded address): **#202**
Key Biscayne, Florida 333149

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: _____.

FILED
05 JUL 25 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. The name and Florida street address of the partnership's agent for service of process:
Perlman, Yevoli & Albright, P.L. c/o Edward T. Yevoli, Esq.
1500 North Federal Highway, Suite 250
Fort Lauderdale, Florida **33304**

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 **21st** day of **July**, **2005**.

Signature of TWO Partners: Juan C. Paredes, TRUSTEE OF THE JUAN C. PAREDES REV TRUST dated 7/21

, TRUSTEE OF THE MARIA del PILAR SOLANO REV. TRUST dated 7/21/05

Typed or printed names of partners signing above: **Juan C. Paredes, Tee of the Juan C. Paredes Rev Trust DTD July 21, 2005**
Maria del Pilar Solano, Tee of the Maria del Pi Solano Rev. Trust DTD July 21, 2005

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