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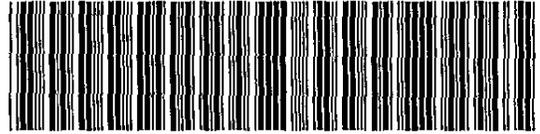
(Business Entity Name)

(Document Number)

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CORPORATION  
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 4 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: Long Boat Development II, 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:

**R. Bowen Gillespie, Esquire**  
\_\_\_\_\_  
(Name of Person)

**Gillespie & Allison, P.A.**  
\_\_\_\_\_  
(Firm/Company)

**Sutle 306, 1515 South Federal Hihgway**  
\_\_\_\_\_  
(Address)

**Boca Raton, Florida 33432**  
\_\_\_\_\_  
and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**R. Bowen Gillespie** at ( **561** ) **368-5758**  
(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

**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:  
Long Boat Development II, 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:

Long Boat Development II, LLLP

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

3. The street address of its chief executive office: 790 Hillbrath Drive  
(if different from current recorded address): Lantana, Florida 33462

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:  
 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:  
Charles Gusmano  
790 Hillbrath Drive  
Lantana, Florida 33462

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TALLAHASSEE, FLORIDA

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 July, 2005

Signature of TWO Partners:

Charles Gusmano  
Charles Gusmano, Trustee

Typed or printed names of partners signing above: Charles Gusmano  
Charles Gusmano, Trustee

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