

A05000001902

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05 OCT 12 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 OCT 12 AM 11:22

TO THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET  
ACCT. #FCA-14

**FILE SECOND!**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 10/12/2005

REF. #: 000163.43270

CORP. NAME: MAJESTIC OAKS DEVELOPERS, LLLP

- |  |   |  |
|--|---|--|
| <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# 514551 FOR \$ 33.75

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 checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**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:

Majestic Oaks Developers, Limited Partnership

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:

Majestic Oaks Developers, LLLP

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

3. The street address of its chief executive office:  
(if different from current recorded address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Andrew Service Corporation of Florida

201 N. Franklin Street, Suite 2100

Tampa, Florida 33602

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 October, 2005

Signature of TWO Partners:

Avatar Properties, Inc.

By: [Signature]  
Avatar Majestic Oaks GP, LLC

By: [Signature]

Typed or printed names of partners signing above: Jonathan Fels

Jonathan Fels

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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