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SECRETARY OF STATE
TALLAHASSEE, FL

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

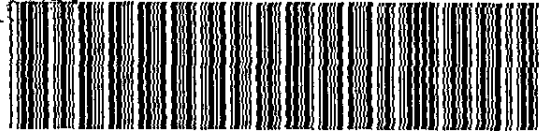
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Jerry Wallace Resorts, 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:

Michael R. Leininger

(Name of Person)

Dowd Law Firm, P.A.

(Firm/Company)

285 Harbor Blvd., Suite A

(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael R. Leininger

(Name of Person)

at (850) 650-2202

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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:

Jerry Wallace Resorts, 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:

Jerry Wallace Resorts, LLLP

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

3. The street address of its chief executive office: 763-5 Highway 98 East
(if different from current recorded address):

Destin, FL 32541

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:

John R. Dowd, Jr.

285 Harbor Blvd., Suite A

Destin, Florida 32541

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 8th day of December, 2005

Signature of TWO Partners:

Typed or printed names of partners signing above: The Jerry L. Wallace Companies, LLLP

Jerry Wallace Dealmakers, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA