

A07000000420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

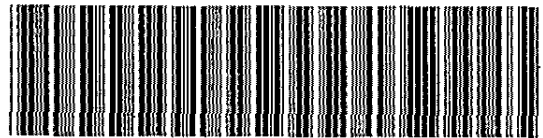
Special Instructions to Filing Officer:

3-11  
Cust

789676707

Office Use Only

W07-5433



600086701136

02/01/07--01026--023 \*\*52.50

03/05/07--01002--002 \*\*1000.00

FILED

07 MAR -6 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lucie Investments, L.P.  
(Name of Limited Partnership)

Dear Sir or Madam:

The enclosed Certificate of Limited Partnership, Affidavit of Capital Contributions and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C. Scalia, Member  
(Name of Person)

Lucie Ventures, L.L.C.  
(Firm/Company)

1590 SE BALLANTRAE CT.  
(Address)

Port St. Lucie, FL 34952  
(City/State and Zip Code)

For further information concerning this matter, please call:

William C. Scalia at (772) 337-2263  
(Name of Person) (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

FILED  
07 MAR -6 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Lucie Investments, LP  
1590 SE Ballantrae Ct.  
Port St. Lucie, FL 34952

Phone 772-337-2263

January 29, 2007

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I am filing the requisite documents along with a check in the amount of \$52.50. Since limited partnership is a non-public partnership having only one general partner, Lucie Ventures, LLC, and two limited partners, William C. Scalia, and Janet M. Scalia, I question whether the annual fee is required. Please advise.

Should you have any questions, please call.

Sincerely,



Lucie Investments, LP  
By William C. Scalia, Member of Lucie Ventures, LLC, General Partner

FILED  
07 MAR -6 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2007

WILLIAM C SCALIA  
1590 SSE BALLANTRAE CT  
PORT ST. LUCIE, FL 34952

SUBJECT: LUCIE INVESTMENTS, L.P.  
Ref. Number: W07000005633

We have received your document for LUCIE INVESTMENTS, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$947.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 007A00008165

FILED  
07 MAR -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Lucie Investments, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 1590 SE BALLANTRAE CT.

(Street address of initial designated office)

Port St. Lucie, FL 34952

3. William C. Scalia, member-Lucie Ventures

(Name of Registered Agent for Service of Process)

4. 1590 SE BALLANTRAE CT.

(Florida street address for Registered Agent)

Port St. Lucie, FL 34952

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(X) 

Signature of Registered Agent

member Lucie Ventures  
LL

6. 1590 SE BALLANTRAE CT.

(Mailing address of initial designated office)

Port St. Lucie, FL 34952

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

FILED  
07 MAR -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Lucie Ventures, L.L.C. 1590 SE BALLANTRAE CT.

Port St. Lucie, FL 34952

LD5-35939

FILED  
07 MAR -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 1<sup>st</sup> day of MARCH, 2007.

Signature of each general partner:

(X)

William C. Scalia  
Member - Lucie Ventures, L.L.C.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

Page 2 of 2