

A 30430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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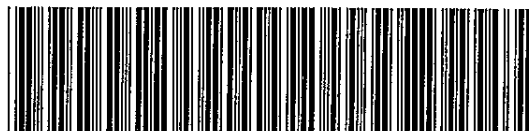
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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4-15-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7676 Peters Road Associates, Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: A30430

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:

Charles H. Von Stein

(Name of Person)

7676 Peters Road Associates, Ltd.

(Firm/Company)

2913 Via Napoli

(Address)

Deerfield Beach, FL 33442

(City and Zip Code)

For further information concerning this matter, please call:

Gloria Von Stein

(Name of Person)

at

954 360-7402

(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

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04 APR -8 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**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:
7676 Peters Road Associates, Ltd.

Insert limited partnership's Florida document number: A30430
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:

7676 Peters Road Associates, L L L P

(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:

xx 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 H. Von Stein

2913 Via Napoli

Deerfield Beach

Florida

33442

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 5th day of April, 2004.

Signature of TWO Partners:

Charles H. von Stein

Paul V. Gartlan

Typed or printed names of partners signing above:

Charles H. Von Stein, Trustee Charles H. V.
Paul V. Gartlan Stein Living Trust
dated 5/13/9.

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR - 8 PM 09

FILED