

A96000002110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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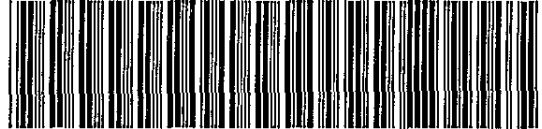
(Business Entity Name)

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12/23/02--01108--004 **33.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 23 AM 9:18

LR 12/03

EXPIRATION DATE
11/1/03

LAW OFFICES OF
STEPHEN A. SCOTT, P.A.
728 Northwest 8th Avenue
Gainesville, FL 32601

(352) 378-3056
FAX (352) 372-6530

Mailing Address:
Post Office Box 2218
Gainesville, FL 32602-2218

December 20, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: KALLMAN FAMILY PARTNERS, LTD.

Dear Sirs:

In connection with the above referenced Florida limited partnership, enclosed please find the following:

1. Statement of Qualification for Florida Limited Liability Limited Partnership pursuant to §620.9001, *Fla.Stat.*; and
2. My office check payable to your order in the amount of \$33.75.

The funds transmitted herewith include \$25.00 for the filing fee relating to the Statement of Qualification and \$8.75 for a Certificate of Status.

I am submitting this document for filing so that the limited partnership will become a limited liability limited partnership, the name of which will be "**Kallman Family Partners, L.L.L.P.**"

Please file this in your records and send me the Certificate of Status reflecting that the Statement of Qualification has been filed at your earliest convenience.

If you have any questions, please give me a call.

Sincerely,



Stephen A. Scott

SAS/llm

Enclosures

cc: Mr. Clayton H. Kallman (w/enclosures)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 DEC 2002 AM 9:18

**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:
KALLMAN FAMILY PARTNERS, LTD.

Insert limited partnership's Florida document number: A 96000002110

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: L.L.L.P.
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 2811 NW 58th Blvd.
(if different from current recorded address): Gainesville, FL 32605

4. The street address of principal office in Florida: Same
(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: January 1, 2003

7. The name and Florida street address of the partnership's agent for service of process:
CLAYTON H. KALLMAN
2245 NW 24th Avenue
Gainesville, Florida 32605

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 19 day of December, 2002

Signature of TWO Partners: ☒ Clayton H. Kallman
☒ Linda H. Kallman

Typed or printed names of partners signing above: CLAYTON H. KALLMAN
LINDA H. KALLMAN

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 23 AM 9:48
EFFECTIVE DATE
1/1/03