

AP8000001221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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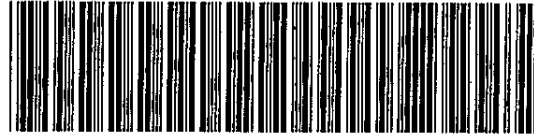
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BROWN FEB. 21 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Sterling V Realty Limited Partnership**

(Name of Limited Partnership)

DOCUMENT NUMBER: **A98000001221**

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:

**Steven King**

(Name of Person)

(Firm/Company)

**4073 Shell Road**

(Address)

**Sarasota, FL**

and Zip Code)

For further information concerning this matter, please call:

**Steven King**

(Name of Person)

at ( **941** ) **349-8600**

(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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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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:  
**Sterling V Realty Limited Partnership**

Insert limited partnership's Florida document number: **A98000001221**

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:

**Sterling V Realty, LLP**

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

3. The street address of its chief executive office: **4073 Shell Road**  
(if different from current recorded address): **Sarasota, FL 34242**

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:

**x** 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:

**Steven King**

**4073 Shell Road**

**Sarasota**, Florida **34242**

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 **14** day of **Feb, 2004**

Signature of TWO Partners:

*Katheryn TouVelle*  
*Steven King*

Typed or printed names of partners signing above: **Katheryn TouVelle**  
**Steven King**

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

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