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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bahamas Investments Family Partnership, LLLP  
(Name of Limited Partnership)

DOCUMENT NUMBER: A99000001176

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:

Matthew J. Monaghan, Esquire

(Name of Person)

Amari & Theriac, P.A.

(Firm/Company)

P.O. Box 1807

(Address)

Cocoa, FL 32923-1807

and Zip Code)

For further information concerning this matter, please call:

Matthew J. Monaghan, Esquire at ( 321 ) 639-1320

(Name of Person)

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **BAHAMAS INVESTMENTS FAMILY PARTNERSHIP**

Insert limited partnership's Florida document number: A99000001176

or

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

2. Suffix adopted for the above named partnership: **LLLP**

3. The street address of its chief executive office: **190 Sykes Loop Drive  
Merritt Island, FL 32953**

4. The street address of principal office in Florida: **190 Sykes Loop Drive  
Merritt Island, Florida 32953**

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:


**Ralph H. Eckler  
190 Sykes Loop Drive  
Merritt Island, FL 32953**

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 2nd day of April 2004.

Signature of TWO Partners:

  
\_\_\_\_\_  
**RALPH H. ECKLER TRUSTEE OF THE RALPH  
H. ECKLER TRUST DATED SEPTEMBER 14, 1989**

  
\_\_\_\_\_  
**STEVEN H. ECKLER**