B04000	000081
(Requestor's Name) (Address) (Address)	800027907338
(City/State/Zip/Phone #)	U2/26/0401001015 **17.50 01/30/0401045008 **70.00
(Business Entity Name) (Document Number)	UITALLAHASSE
Certified Coples Certificates of Status Special Instructions to Filing Officer:	FILED EB 25 AM 8: 33 HOF CORPORATIONS ANASSEE, FLORIDA
Office Use Only	W04-5515 J. BRYAN FEB 1 0 2004

J. BRYAN PP 2 6 2004



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 10, 2004

ROBERT EIKILL 7704 19TH AVE. DR. WEST BRADENTON, FL 34209

SUBJECT: EIKILL REALTY LIMITED PARTNERSHIP Ref. Number: W04000005515

We have received your document for EIKILL REALTY LIMITED PARTNERSHIP and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$17.50.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 804A00008953

m AM 8:

State of Florida – Division of Corporations Bureau of Comm. Recordings P.O. Box 6327 Tallahassee Fl. 32314

In re: Registration of Foreign Partnership Eikill Realty Ltd.

Contact person Robert Eikill 7704 19th Ave. Dr. West Bradenton Fl. 34209

Please send acknowledgment to above

Attached:

- (1) Application form
- (2) Affidavit
- (3) Check for 70.00 fee (10,000 at 7.00)



APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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e is unavailable, na			is in the home state)	
me is unavailable, na				
•	ame under which the limit must contain the	ed partnership word "LIMITI	proposes to register or transact business in F ED" or "LTD.")	'lorida;
Minnes		4	August 15, 1993	1000 FEB 25 CORPORTION
(State of Fo	ormation)		(Date of Formation)	The second
Robert	Eikill (Name of Registere	A good for Co	Trains of Broosess)	THE S
	(Name of Registere	a Agent for Be		F
7704 19	th Ave. Dr. We		5	56
	(Street Add	lress of Registe	ered Office)	EL XO
Bradent	on Florida		Florida 34209	
• •	(City)		(Zip Code)	- 16 -
<u></u>	(Agent	must sign on th	nis line)	
7704_1	9th Ave. Dr. V	must sign on th	nis line)	
	9th Ave. Dr. 1	J	- 	
	9th Ave. Dr. 1	J	nis line) or, if not required, address of principal offic	e.)
Braden (Address of registe	9th Ave. Dr. 1 ton, Fl. 34 ered office required in state	J	- 	e.)
Braden (Address of registe NAMES OF GENERA	9th Ave. Dr. 1 ton, Fl. 34 ered office required in state	J	or, if not required, address of principal offic	c.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

	Bradenton, F1. 34209
	(Mailing Address of Limited Partnership)
	nalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof he facts stated herein are true and correct.
igned th	halties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof he facts stated herein are true and correct. is 23 day of <u>Jam. 2004</u> <u>Nelue</u> <u>Edicif</u> General Partner F <u>Hourda</u> OF Manathe
TATE C	F Houda
COUNTY	OF Maratu
	In this <u>13</u> day of January, 2004.
	, personally appeared before me,
_	
	s personally known to me
e whos	e identity I proved on the basis of FLDL E240 - 765 · 39-010-0 4 1/10/07
	Toncon Petreto (Notary Public Signature)
	Toniann Petrillo

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(Notary's Printed Name)

TONIANN PETRILLO Notary Public, State of Florida My comm. expires Mar. 27, 2007 No. DD 197464 Seal My Commission Expires:_ No.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED

Robert Eikill BEFORE ME the undersigned personally appeared ____ a general partner of ______ Eikill Realty Ltd. _ , a (an)___ limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 10,000.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes transacting business in Florida is $\frac{-0-}{-0}$.

FILED 8: 33 Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents th that the facts stated herein are true and correct.

Signed this 23 day of form

Robert

STATE OF COUNTY OF atu

_____day of _____ On this

, personally appeared before me,

who is personally known to me We whose identity I proved on the basis of FLDL F240. 765-39-010-0 W 1/10/07

oniann Notary's Printed Nat

Seal

My Commission Expires:

