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Certified Copies	_ Certificate	s of Status
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TC \$1,980.00

OSEPH A. TROIANO, ESQ., PA

A PROFESSIONAL ASSOCIATION

MAILING ADDRESS:

15880 SUMMERLIN, SUITE # 300 PMB # 316 FORT MYERS, FL 33908 239,482,3998 DIRECT 239.823.5222 CELL PHONE 239.466.2866 FAX jat621@comcast.net

August 17, 2005

PRIVATE AND CONFIDENTIAL

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: JLMA ASSET MANAGEMENT LIMITED PARTNERSHIP

Dear Sir or Madam:

Enclosed for filing please find an Application by Foreign Limited Partnership for Authorization to Transact Business in Florida submitted on behalf of our Client, JLMA Asset Management Limited Partnership, an Alaska Limited Partnership. Also enclosed is our check in the amount of \$96.25 for the required filing fee of \$52.50, Registered Agent Designation of \$35.00, and \$8.75 for a Certificate of Status.

Please return the Certificate of Status to this office in the postage paid return envelope that we have provided.

Thank you for your assistance. Should you have any questions or require additional information, please feel free to contact me. Thank you for your assistance.

yours,

or the Firm

JAT/bsb Enclosures



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 22, 2005

JOSEPH A. TROIANO JOSEPH A. TROIANO, ESQ., P.A. 15880 SUMMERLIN, STE #300, PMB #316 FORT MYERS, FL 33908

SUBJECT: JLMA ASSET MANAGEMENT LIMITED PARTNERSHIP

Ref. Number: W05000039692

We have received your document for JLMA ASSET MANAGEMENT LIMITED PARTNERSHIP and your check(s) totaling \$96.25. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 205A00053278

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

JLMA ASSET MANAGEME (Name o	f limited partnership as it is in the home state)	
2	ch the limited partnership proposes to register or transact business in Flori contain the word "LIMITED" or "LTD.")	da;
, ALASKA	4 01/20/04	
(State of Formation)	(Date of Formation)	
JOSEPH A. TROIANO, ESC	a.	
(Name o	of Registered Agent for Service of Process)	
12800 UNIVERSITY PARK,	SUITE 670	
, ((Street Address of Registered Office)	
FORT MYERS	Florida 33907	
(City)	(Zip Code)	
7. Acceptance by the Registered Agent for	(Agent must sign on this line)	
801 WEST 10TH STREET,	SUITE 300	
JUNEAU, AK 99801		
(Address of registered office requi	red in state of formation or, if not required, address of principal office.)	
). NAMES OF GENERAL PARTNERS	D-71	-
JLMA VENTURES, LLC	SEP RETAR HASS	
801 WEST 10TH STREET, SI	UITE 300	n
	深 ウ 三に 2	

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.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

12800 UNIVERSITY PARK, SUITE 670; FORT MYERS, FL 33907

12. 12800 UNIVERSITY PARK, SUITE 670; FORT MY	'ERS, FL 33907
(Mailing Address of Limited Parti	nership)
Under penalties of perjury I, being duly sworn, declare that I have read and that the facts stated herein are true and correct.	the foregoing and know the contents thereof
Signed this 17TH day of AUGUST	, 2005
Secretary for General Partner	
STATE OF FLORIDA	
COUNTY OF LEE	
On this 17TH day of AUGUST , 2005	
JOSEPH A. TROIANO, SECRETARY	, personally appeared before me,
who is personally known to me	
whose identity I proved on the basis of	
BEVERLY S. BRYAN MY COMMISSION # DD 433402 EXPIRES: May 24, 2009 Bondad Thru Pichard Insurance Admity Public Signature)	2005 SEP 13 SECRETARY TALLAHASSE
BEVERLY S. BRYAN MY COMMISSION # DD 433402 EXPIRES: May 24, 2009 Bondad Thru Pichard Insurance Adversory P. P. Motary's Printed Name) Seal My Commission Expires: 05/04/200	P 2: 21 OF STATE E. FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Joseph A. Troiano, Secretary of JLMA Ventures, LLC
a general partner of JLMA Asset Management Limited Partnership , a (an) Alaska
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 1,980.00 .
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,980.00 .
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.
Signed this 17th day of August , 2005
Secretary for General Partner
STATE OF FLORIDA
COUNTY OF LEE
On this 17th day of August , 2005 ,
Joseph A. Troiano personally appeared before 18,
who is personally known to me whose identity I proved on the basis of
LORIA 2
Levely Diblic Signature)
Bever (Notary's Printed Name)
BEVERLY S. BRYAN MY COMMISSION # DD 433402 EXPIRES: May 24, 2009 Bonded Thru Pichard Insurance Agency

Alaska Entity # 82724PD

State of Alaska Department of Commerce, Community, and Economic Development

CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

JLMA ASSET MANAGMENT LIMITED PARTNERSHIP

on the 20th day of January, 2004 filed in this office its Articles of Incorporation, as a Limited Partnership organized under the laws of this state.

I FURTHER CERTIFY that said Limited Partnership is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 16th day of August, 2005.

Julian Once

William C. Noll Commissioner

Certification Number: 62438-1 Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp