



A01000000923

UCC FILING & SEARCH SERVICES, INC.
 6 West
 Tallahassee, Florida 32301
 (904) 875-1811
 FILING & SEARCH SERVICES
 PLEASE USE ONLY

July 11, 2001

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Stutz Family Limited Partnership, LLLP

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

FILED
 JUL 11 PM 06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300004469373--4
 -07/11/01--01055--002
 *****25.00 *****25.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

BK

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other - Stmt of Qual

**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:
STUTZ FAMILY LIMITED PARTNERSHIP, LLLP

The Certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees are attached.

2. Suffix adopted for the above named partnership: LLLP

3. The street address of its chief executive office: 19195 Mystic Pointe Drive, #2407
Aventura, FL 33180

4. The street address of principal office in Florida: same

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:

Barry A. Nelson, Esq., Registered Agent
c/o Nelson & Levine, P.A.
19495 Biscayne Boulevard, Suite 609
Aventura, Florida 33180-2320

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 27 day of June , 2001.

By: _____

Leatrice Stutz
LEATRICE STUTZ, as President of
STUTZ FAMILY HOLDINGS, INC., General
Partner

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

JFH 6-13-01

H:\CLIENTS\STUTZ, LEE\DOCUMENT\FLLLPSTATEMENT.DOC

FILED
JUL 11 11 11 AM '06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA