



**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:  
Gator Cincinnati Partners, LLLP

Insert limited partnership's Florida document number: A01-1641  
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  
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: \_\_\_\_\_  
(if different from current recorded address): \_\_\_\_\_

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:  
James A. Goldsmith  
1595 NE 163rd Street  
North Miami Beach, Florida 33162

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 \_\_\_\_\_ day of December 2001  
Signature of TWO Partners: 

Typed or printed names of partners signing above: James A. Goldsmith  
William Goldsmith

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
2001 DEC 12 PM 12:42  
FILED

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