## 

(	(Requesto	or's Name)	
	(Address)		
(	(Address)		
(	(City/State	e/Zip/Phone #	)
PICK-UP		WAIT	MAIL
(	Business	Entity Name	)
	Docume	nt Number)	
Certified Copies		Certificates o	Status
Special Instructions	to Filina (	Officer:	
am <b>e</b> railabil <b>ity</b>			
ocument			
xaminer	<del>- 500  </del>		
Jpdater	~∪ <mark>O</mark> ff	ce Use Only	
Jpdater			
vorify <b>er</b>	900		
Acknowledgement	DUC		
W D Verifyer	DCC		



600011976196

02/20/03--01004--008 \*\*357.50

20 (20 20 74 8:31 20 (20 20 74 8:31

O3 FEB 20 PM 3: 43

## **CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<b>N</b>			
3t. Johns Pho	me 2 GP	Ltol.	
			Art of Inc. File LLP Partnership File
			Fictitious Name File  Foreign Corp. File  ACC  ACC  ACC  ACC  ACC  ACC  ACC  A
			Trade/Service Mark SST 20 PR
			Art. of Amend. File 55  RA Resignation 55
•			Dissolution / Withdrawal Annual Report / Reinstatement  Cert. CopyX 2
			Photo Copy  Certificate of Good Standing $\times 2$
			Certificate of Status  Certificate of Fictitious Name
			Corp Record Search Officer Search
			Fictitious Search
Signature			Fictitious Owner Search  Vehicle Search
Requested by:			Driving Record  UCC 1 or 3 File
Name	Date	Time	UCC 11 SearchUCC 11 Retrieval
Walk-In	Will Pick Up		Courier

## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP OF ST. JOHNS PHASE 2 GP LTD.

- 1. The name of the limited partnership as identified in the records of the Florida Department of State is St. Johns Phase 2 GP Ltd. Attached hereto is a copy of the limited partnership's Certificate of Limited Partnership, affidavit of capital contributions and applicable limited partnership filing fees.
- 2. The limited partnership adopts the suffix "LLLP" and, upon the filing of this Statement of Qualification, the name of this entity shall be St. Johns Phase 2 GP LLLP.
- 3. The street address of the limited partnership's principal office in Florida and its chief executive office is:

115 N.W. 167 Street, #300 North Miami Beach, Florida 33169.

- 4. The limited partnership hereby elects to be a limited liability limited partnership
- 5. The effective date of this filing shall be as of the date that this document with the Florida Secretary of State.
- 6. The name and Florida street address of the limited partnership's agent for service of process required to be maintained pursuant to Section 620.105, Florida Statutes, as amended, are:

Granvil M. Tracy 115 N.W. 167 Street, #300 North Miami Beach, Florida 33169.

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 February, 2003.

GENERAL PARTNER:

St. Johns SPE GP I LLC, a Florida limited liability company

By: \_\_\_\_\_ Granvil M. Tracy, Manager