A0300000546

(Requestor's Name) 1595-N.E./6319St. (Address) (Address)	000015426790
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	04/07/030109ZN17 **191.25
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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the	e records of the Florida Department of State:	
Gator El Cid Partners, LLLP	Maria Cara	
Insert limited partnership's Florida document number: or	tal contributions and applicable limited	
2. Suffix adopted for the above named partnership: LLL	P	
	(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 li	ability 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:		
1595 NE 163rd Street	<u> </u>	
North Miami Beach , Flo		
The execution of this statement as a partner constitutes are that the facts stated herein are true.	n affirmation under the penalties of perjury	
Signed this day ofApril	2003	
Signature of TWO Partners:	mot.	
Typed or printed names of partners signing above tame	es A. Goldsmith	
	glas S. Miska	

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