

A03 000001257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



700022448157

FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A.
ATTORNEYS AT LAW
P.O. DRAWER 511447
99 NESBIT STREET
PUNTA GORDA, FLORIDA 33950

08/28/03--01046--019 **435.00

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AUG 29 9 01 AM '03

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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

The undersigned partners of JANZ FAMILY LIMITED PARTNERSHIP, LLLP, a Florida limited liability limited partnership state as follows:

1. The name of the limited partnership is JANZ FAMILY LIMITED PARTNERSHIP, LLLP.

2. The certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees will be filed simultaneous with this document.

3. The suffix adopted for the above named partnership is "LLLP".

4. The street address of the partnership's chief executive office is 800 MONACO DRIVE, PUNTA GORDA, FL 33950.

5. The limited partnership hereby elects to be a limited liability limited partnership.

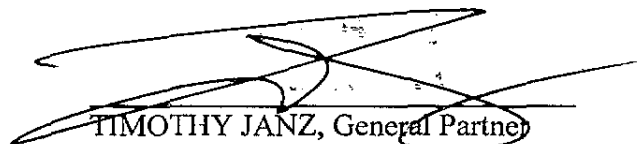
6. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.


7. The name and Florida street address of the partnership's agent for service of process is:

DAVID A. HOLMES, Esquire
99 Nesbit Street
Punta Gorda, FL 33950

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 21ST day of August, 2003


TIMOTHY JANZ, General Partner


SUSAN JANZ, as Trustee of the SUSAN
JANZ LIVING TRUST dated June 10, 2002,
Limited Partner

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