

A03 000001781

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

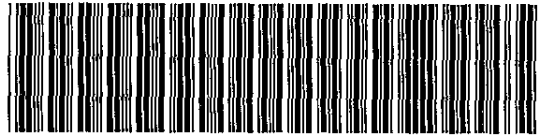
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

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December 22, 2003

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

RS Family Limited Liability Limited Partnership No. 3, LLLP

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Filing Evidence

- Plain/Confirmation Copy
- 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

File 2nd

Retrieval Request

- Photocopy
- Certified Copy

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

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 type="checkbox"/>	Other

X statement of qual

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

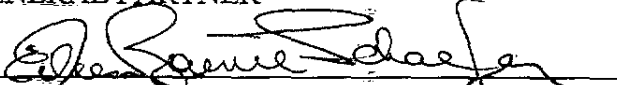
1. The name of the limited partnership as identified in the records of the Florida Department of State is RS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP NO.3, LLLP. The certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees are attached hereto.
2. Suffix adopted for the above named partnership is: LLLP
3. The street address of its chief executive office: P.O. Box 9312, Miami, Florida 33074
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 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:

Ira Kaplan, Registered Agent
c/o Claire's Stores
3 SW 129th Avenue, Suite 400
Pembroke Pines, Florida 33027

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 19th day of December, 2003.

GENERAL PARTNER


By: EILEEN BONNIE SCHAEFER, as co-
President of SCHAEFER FAMILY HOLDINGS,
NO. 2, INC., General Partner

LIMITED PARTNER


ROWLAND SCHAEFER

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