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05/06/04--01026--018 **35.75

FILED
04 MAY -6 AM 11:17
DIVISION OF CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
04 MAY -6 PM 1:02

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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FILE SECOND!

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TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 5/6/04

REF. #: 0672.26018

CORP. NAME: TWO CORNERS LIMITED PARTNERSHIP, LLLP

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

(XX) OTHER: STATEMENT OF QUALIFICATION

STATE FEES PREPAID WITH CHECK# 508221 **FOR $** 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

(XX) CERTIFICATE OF STATUS

Examiner's Initials

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:
Two Corners Limited Partnership

Insert limited partnership's Florida document number: _____
or
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

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TALLAHASSEE, FLORIDA

2. Suffix adopted for the above named partnership: LLLP
(LLLP, L.L.L.P.)

2.5 Name of Partnership after filing this statement: Two Corners Limited Partnership, LLLP

3. The street address of its chief executive office: N/A
(if different from current recorded address) _____

4. The street address of principal office in Florida: N/A
(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:
Lois R. Linville
4622 Gall Boulevard
Zephyrhills, Florida 33541-6237

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 13th day of April, 2004.

Signature of TWO Partners: Lois R. Linville
Terry Linville

Typed or printed names of partners signing above: Lois R. Linville, General Partner
Terry Linville, General Partner

INHS66(1/00)