

A04000001030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

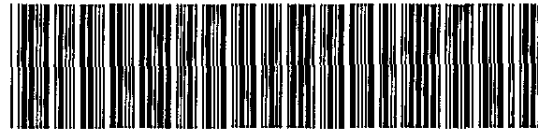
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
04 JUN 24 09:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04 JUN 24 PM 3:33
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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June 24, 2004

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

Gator Newport News Partners II, LLLP

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- 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

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:
GATOR NEWPORT NEWS PARTNERS II, LLLP

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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STATE SECRETARY

2. The complete name of the entity after filing Statement of Qualification shall be:

GATOR NEWPORT NEWS PARTNERS II, LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **SAME**
(if different from current recorded address): _____

4. The street address of principal office in Florida: **SAME**
(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:
 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:
JAMES A. GOLDSMITH
1595 NE 163RD STREET
NORTH MIAMI BEACH, Florida **33162**

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 22 day of JUNE, 2004
Signature of TWO Partners: Gator Newport News Investors, II, Inc., its sole general partner

Typed or printed names of partners signing above: **JAMES A. GOLDSMITH, President**

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