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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The Name of the limited partnership as identified in the records of the Florida Department of State: , $\ \emph{1}$

Department of State:	
Department of State: [Investment s 9/2 KENNEDY LTD.	
The complete name of the entity after filing Statement of Qualification shall be:	
912 KENNEDY LLLP	3
The street address of its chief executive office:	
2506 Azeele Street Tampa, FL 33609	
The street address of principal office in Florida:	3
2506 Azeele Street Tampa, FL 33609	
The limited partnership hereby elects to be a limited liability limited partnership	•
The name and Florida street address of the partnership's agent for service of production	ess:
Terence S. Moore 2506 Azeele Street Tampa, FL 33609	
The execution of this statement as a partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.	
Signed this	. •
Signed this 13 day of, 2005	- •
Signed this 13 day of, 2005	er
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