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(Requestor's Name)

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(City/State/Zip/Phone #)

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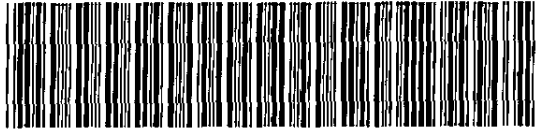
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**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:
Villas del Este, Limited Partnership

Attached are the following: Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

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

VILLAS DEL ESTE, LLLP

3. The street address of its chief executive office: Same address of record
4. The street address of principal office in Florida: Same address of record
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:
**Florida Corporate Services, LLC
3006 Aviation Avenue, Suite 2A
Coconut Grove, Florida 33133**

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 8th day of September, 2005.

Signature of TWO Partners:

- (1) **OLA Development Group, LLC**

Cesar R. Sordo, Esq. as Corporate Representative

- (2) **ELF Investment Group, LLC**

Cesar. R. Sordo, Esq. as Corporate Representative

Typed or printed names of partners signing above:

OLA Development Group, LLC

ELF Investment Group, LLC

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SECRETARIES
STATE OF FLORIDA