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SECRETARY OF STATE  
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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:

JMC QUEST, LTD

Insert limited partnership's Florida document number: \_\_\_\_\_

or

Attach 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:

JMC QUEST, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 811-15TH AVE. W.

(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:

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:

Jeanette M. Creel, 811-15th AVE. W.,

PALMETTO, Florida 34221

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 6th day of MAY, 2004.

Signature of TWO Partners:

JACRE MANAGEMENT COMPANY, INC.

J.M. CREEL FAMILY LIVING TRUST

BY: Jeanette M. Creel, President,

Typed or printed names of partners signing above:

Jeanette M. Creel, Trustee

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75