

H00000016093

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:
WLD Intracoastal Isles

Insert limited partnership's Florida document number: _____
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

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

3. The street address of its chief executive office: 450 East Las Olas Boulevard
(If different from current recorded address): Suite 900
Fort Lauderdale, Florida 33301

4. The street address of principal office in Florida: _____
(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:
F. Melvin Burton
450 East Las Olas Boulevard, Suite 900
Fort Lauderdale, Florida 33301

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 28th day of MARCH, 2000.
Signature of the sole General Partner: WLD Intracoastal Isles, Inc., sole General Partner
By: David W. Horvitz, President

Typed or printed name of sole General Partner: WLD Intracoastal Isles, Inc.,
sole General Partner

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