| Requester's Name | 10 935 5, F 171 th Place | Address | Summer field Fl 34491 | City/State/Zip | Phone # | 600003368706-6 | -04/27/00-01078-004 | ****1775.00 ******25.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Photocopy Certification 8 AMENDMENTS Amendment Resignation of R.A., Officer/Director 55 Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership
	Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1.	of State: R.E.K.R.,L.T. D., L.L.P.	
	Insert limited partnership's Florida document number: A 1298 OR Attach certificate of limited partnership, affidavit of capital contributions and applicable	
	limited partnership filing fee.	
2.	Suffix adopted for the above named partnership: L.L.P. ("Registered Limited Liability Partnership"; "Limited Liability Partnership"; "R.L.L.P."; "L.L.P"; "RLLP"; or "LLP")	
3.	The street address of its chief executive office: (if different from current recorded address): 1320 Caile Dei Soi Circle Daytona Beach, FL 32119	
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.	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 Michael D. Millhorn, P.A. Spruce Creek Professional Center Suite 204 10935 S.E. 177th Place Summerfield, FL 34491	
perjury	ecution of this statement as a partner constitutes an affirmation under the perapties of that the facts stated herein are true.	
SIGNE	ED THIS W DAY OF April, 2000.	
Signati	ure of TWO Partners: Holen H. Schneider	

Typed or printed names of partners signing above: Roy R. Schneider, Trustee of the Roy F. Schneider Revocable Trust U/A dated April 30, 1993 and Ellen G. Schneider, Trustee of the Ellen G. Schneider Revocable Trust U/A dated April 30, 1993.

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