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KEITH H. WADSWORTH
KERRY M. WILSON

LAKE WALES
October 11, 2000

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-01/17/01--01009--011
1810.00 **25.00

/mr
enclosures

**STATEMENT OF QUALIFICATION OF FLORIDA
LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to Section 620.187, Florida Statutes, the below named limited partnership submits the following Statement of Qualification:

1. The name of the partnership submitting this statement to register as a Limited Liability Limited Partnership is: **NKST FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership.

2. The address of the principal office of the partnership is:

220 East Main Street
Bartow, FL 33830

3. The name and Florida street address of the Registered Agent and registered office for service of process on the partnership is:

Nelle Kennedy Stuart Terry
220 East Main Street
Bartow, FL 33831

4. This partnership hereby elects to be a Florida limited liability limited partnership, and thereafter be known as: **NKST FAMILY LIMITED PARTNERSHIP, LLLP**, a Florida limited liability limited partnership.

5. The effective date of the Florida limited liability limited partnership will be the date this registration is filed with the Florida Secretary of State.

6. All general partners of the partnership have voted and approved the matters set forth herein.

FURTHER, AFFIANTS DO NOT SAY.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GENERAL PARTNER:

Darlene R. Mills
Printed Name: Darlene R. Mills

Nelle Kennedy Stuart Terry
NELLE KENNEDY STUART TERRY

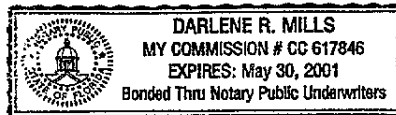
Joel Green
Printed Name: Joel Green

STATE OF Florida
COUNTY OF Polk

I HEREBY CERTIFY that on the 30th day of October, 2000, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **NELLE KENNEDY STUART TERRY**, as general partner of the NKST FAMILY LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by, **NELLE KENNEDY STUART TERRY**, as general partner of the NKST FAMILY LIMITED PARTNERSHIP, on behalf of the partnership. He or she is personally known to me or has produced FDL TL00-637-41-713 as identification.

(SEAL)

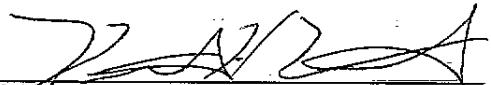
Darlene R. Mills
Printed Name: Darlene R. Mills
Notary Public
My Commission Expires:



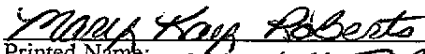
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CLERK OF STATE
TALLAHASSEE, FLORIDA

GENERAL PARTNER:


Printed Name: Keith H. Wadsworth


FLEETWOOD TAIT LANE, JR.


Printed Name: MARY KAY ROBERTS

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I HEREBY CERTIFY that on the 17TH day of OCTOBER 2000, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **FLEETWOOD TAIT LANE, JR.**, as general partner of the NKST FAMILY LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by, **FLEETWOOD TAIT LANE, JR.**, as general partner of the NKST FAMILY LIMITED PARTNERSHIP, on behalf of the partnership. He or she is personally known to me or has produced NDC 7382020 as identification.

(SEAL)


Printed Name: Samantha Marius
Notary Public
My Commission Expires: 10/28/2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA