## CAPITAL CONNECTION INC. 417 E. Virgal St. Let., St. Let. Talla assect Alore 1230 (850) 224-1470 1-80-342 062 Fax: 859 72-127

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Sid Harris	
Andrew Committee	9000044201797
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## STATEMENT OF QUALIFICATION OF FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

OI JUN I L PM SECRETAR OF TALLAHASS .E.

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

- 1. The name of the limited partnership submitting this statement to register as a Limited Liability Limited Partnership is RN ALLEN FAMILY LIMITED PARTNERSHIP, LLLP.
- 2. The Limited Partnership's Florida document number is:
- A01600000797

3. The address of the principal office is:

714 S. Scenic Highway Lake Wales, Florida 33853

D. Andrew Hunt (print or type name)

4. The name and Florida street address of the Registered Agent and registered office for service of process is: RICHARD L. ALLEN, 703 Wildabon Avenue, Lake Wales, Florida 33853.

RICHARD L. ALLEN, Registered Agent

- 5. This limited partnership hereby elects to be a limited liability limited partnership and thereafter be known as RN: ALLEN FAMILY LIMITED PARTNERSHIP, LLLP.
- 5. The effective date of the election to be a Florida limited liability limited partnership will be the date this registration is filed with the Secretary of State.

IN WITNESS WHEREOF, the undersigned, being all of the partners of the Partnership have

hereunto set their hands and seals this <u>1st</u> day of <u>June</u>, 2001.

Signed, Sealed and Delivered in the Presence of:

Ruhard L. Man

RICHARD L. ALLEN

David C. Ullman (print or type name)	
D. Andrew Hunt (print or type name)  NATALIE J. ALLEN  David C. Ullman (print or type name)	FILED  OI JUN I L PN 12: 3  SECRETARY OF STATIALLAMASSEE, FLORE
STATE OF FLORIDA COUNTY OF POLK	\$ m on
The foregoing instrument was acknowledged before me this 1st June , 2001, by RICHARD L. ALLEN, [X] who is personally known to me or produced as identification.  Brenda J. Kavelak (wint or type name) NOTARY PUBLIC/State and County Aforesai	[] who has
COMMISSION CAPICS.  BRENDA J COMMISSION CAPICS.  COMMISSION CAPICS.	STATE OF FLORIDA I, KAVELAK N # CC723223 5/11/2002
COUNTY OF POLK	ea 1499-1497ARY1
The foregoing instrument was acknowledged before me this <u>lst</u> May , 2001, by NATALIE J. ALLEN [X] who is personally known to me or [ produced as identification.	day of
Brenda J. Kavelak (print or type name)  NOTARY PUBLIC/State and County Aforesaid  My commission expires:	d is
NOTARY PUBLIC - STATI BRENDA J. KAV COMMISSION # CG EXPIRES 511/ BONDED THRU ASA 1-6	ELAK C723223 2002

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