CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILE 2ND

A01000001165

33.75

FILING COVER SHEET
ACCT. #FCA-1

FILED
01 AUG 30 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: CINDY HICKS

DATE: 8-30-01

REF. #: 06721655

CORP. NAME: JEM INVESTMENTS LTD II, LLP

( ) ARTICLES OF INCORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION	( ) UCC-1	( ) UCC-3

(X) OTHER: STATEMENT OF QUALIFICATION

BK

STATE FEES PREPAID WITH CHECK# 3250 **FOR $** 1818.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

800004564638--9
-08/30/01--01067--024
***1818.75 *****33.75

LP- 25.00
CERT 8.75

COST LIMIT: $

PLEASE RETURN:

( ) CERTIFIED COPY
( ) CERTIFICATE OF STATUS
(X) CERTIFICATE OF GOOD STANDING
( ) PLAIN STAMPED COPY

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 AUG 30 AM 11:08

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Examiner's Initials

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: JEM INVESTMENTS LTD. II

   Insert limited partnership's Florida document number: A01000011165
   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
   ("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," "LLP")

2.5 Name of Partnership after filing this statement: JEM INVESTMENTS LTD. II, LLLP

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TALLAHASSEE FLORIDA

3. The street address of its chief executive office: N/A
   (if different from current recorded address)

4. The street address of principal office in Florida: N/A
   (if different from above)

5. The limited partnership hereby elects to be a limited liability 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:
   JOSEPHINE GRECO
   600 Madison Street
   Tampa, Florida 33602

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 27 day of ~~January,~~ August 2001.

Signature of TWO Partners:

Typed or printed names of partners signing above: Josephine Greco
Josephine Greco
Mac A. Greco

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