Reduction's Name P.O., BOX Address City/State/Zip	2000 1000 1000 Phone #	1303
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v .		Office Use Only
CORPORATION NAME(S) &	DOCUMENT NUMBER(S), (if l	known):
1. CRI Technol	DAY, CUP	
(Corporation Name) 2(Corporation Name)	(Document #)	0000045390408 -08/16/0101031010 ******25.00 ******25.00
3(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
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(Corporation Name)	(Document #)	
Walk in Pick up t		Certified Copy
Mail out Will wait	t Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Withda Merger	red Agent
OTHER FILINGS	REGISTRATION/QU	ALIFICATION >
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	p
CP3E031/7/07\		Examiner's Initials
CR2E031(7/97)		

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Flori CRI TECHNOLOGY LLLP	ida Department of State:
Insert limited partnership's Florida document number:	
Attach certificate of limited partnership, affidavit of capital contributions and partnership filing fees.	applicable limited
2. Suffix adopted for the above named partnership: LLLP (LLLP, L.L.L.P.)	
3. The street address of its chief executive office: SAME (if different from current recorded address):	
4. The street address of principal office in Florida: SAME	
5. The limited partnership hereby elects to be a limited liability limited partnership	rship.
6. The effective date of this filing shall be: as of the date this document is filed with the Florida Secretary of S or	state
a date later than the time of filing: 7. The name and Florida street address of the partnership's agent for service of the partnership	FILI P-4 NSSE
The execution of this statement as a partner constitutes an affirmation under the that the facts stated herein are true.	
Signed this 7 H day of JUNE, 2001.	· · · · · · · · · · · · · · · · · · ·
Signature of TWO Partners: Miles Co.	
Typed or printed names of partners signing above: MICHREL A SCI	OTT, MANAGING, PARTNER S & INGRAM UP
RICHALD A SI	m PSON

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