A01000001491

CORPDIRECT AGENTS, INC. (formerly CORP
103 N. MERIDIAN ST. LOWER LEVEL
TALLAHASSEE, FL 2301
222-1173

FILED
01 NOV -7 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 11/7/01

REF. #: 0174.3082

CORP. NAME: Bahia Vista Associates, L.L.L.P

800004670508--5
-11/07/01--01016--011
*****77.50

( ) 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

RECEIVED
01 NOV -7 AM 10:24
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 1002 **FOR $** 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

BK

_____ **COST LIMIT: $**_____

PLEASE RETURN:

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

( ) CERTIFICATE OF STATUS

Examiner's Initials

T0246-1

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: Bahia Vista Associates, Ltd.

Insert limited partnership's Florida document number: A01000001491

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

1.b. The name the limited partnership will use: Bahia Vista Associates, L.L.L.P.

2. Suffix adopted for the above named partnership: L.L.L.P.
(LLLP, L.L.L.P.)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. 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:

Mark S. Kauffman
455 Longboat Club Road, PH-4
Longboat Key, FL 34228

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 6th day of November, 2001.

Signature of TWO Partners:

Mark S. Kauffman

Typed or printed names of partners signing above: David S. Band

Mark S. Kauffman, President
Kauffman Properties Corp-Two, general partner, The Kauffman Family Partnership #2, Ltd.

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

INHS66(1/00)