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(Address)

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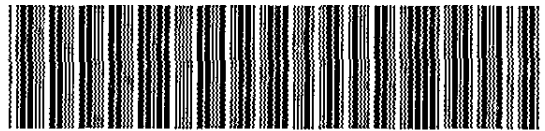
(Business Entity Name)

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04 APR 13 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



April 12, 2004

**PERSONAL AND CONFIDENTIAL**

**VIA FEDEX**

Mr. Buck Kohr  
Florida Department of State  
Division of Corporations  
Registration Section  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: **G.S. Guggino Family, Ltd.**

Dear Buck:

Enclosed please find an original and one copy of the Statement of Qualification for Florida Limited Liability Limited Partnership for **G.S. Guggino Family, Ltd.**, to be known as **G.S. Guggino Family, LLLP**, along with our firm's check in the amount of \$33.75 in payment of the filing and certificate fees. Please file the LLLP election and issue a "Filed" stamped copy and a Certificate of Status.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Katherine Russell  
Paralegal

KLRU/vrh  
Enclosures

4/13

**FOLEY & LARDNER LLP  
ATTORNEYS AT LAW**

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CLIENT/MATTER NUMBER  
311780-1001

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TALLAHASSEE, FLORIDA

**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:  
G.S. Guggino Family, Ltd.

Insert limited partnership's Florida document number: A02000000461

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  
(LLLP, L.L.L.P.)

- 2.5 Name of Partnership after filing this statement: G.S. Guggino Family, LLLP

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)

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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:

G.S. Guggino

3115 West Swann Avenue

Tampa, Florida 33609

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 2 day of April, 2004.

Signature of TWO Partners:

G.S. Guggino  
Judith Guggino

Typed or printed names of partners signing above: G.S. Guggino, General Partner

Judith Guggino, Limited Partner