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STUART E. GOLDBERG*

*Florida Bar Certified Wills, Trusts & Estates

CAROLYN D. OLIVE†

†Florida Bar Certified Tax Law

July 29, 2002

By Hand Delivery

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

Re: COAST COTTAGE LIMITED PARTNERSHIP, L.L.L.P.

300006757583--4
-07/30/02--01018--020
**1810.00 *****25.00

Dear Madam/Sir:

Enclosed for filing are an original and one copy each of the following documents:

1. Statement of Qualification for Florida Limited Liability Limited Partnership;
2. Certificate of Limited Partnership;
3. Affidavit of Capital Contributions; and
4. Certificate of Designation of Registered Agent/Registered Office.

AL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Also enclosed is our firm check in the amount of $1,810.00 for the following fees:

Limited Partnership filing fee	$ 1,750.00
LLLP Statement of Qualification fee	25.00
Registered Agent fee	35.00
Total	$ 1,810.00

Please return our document copies in the enclosed return envelope.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to call me.

Sincerely,

Carolyn D. Olive

Carolyn D. Olive

CDO/ldv
Enclosures

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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:
   COAST COTTAGE LIMITED PARTNERSHIP, L.L.L.P.

   _____ Insert limited partnership's Florida document number: _____
   or
   XXX Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above-named partnership: L.L.L.P.

3. The street address of principal office in Florida: (if different from current recorded address): 2808 Rabbit Hill Road
   Tallahassee, Florida 32308-0837

4. The mailing address of principal office in Florida: 2808 Rabbit Hill Road
   Tallahassee, Florida 32308-0837

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TALLAHASSEE, FLORIDA

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
   XXX 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:
   Joan Wadsworth West
   2808 Rabbit Hill Road
   Tallahassee, Florida 32308-0837

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 25th day of July, 2002.

Signature of TWO Partners:

Signature of Partner
Name: JOAN WADSWORTH WEST

Signature of Partner
Name: JOAN WADSWORTH WEST, as Trustee of the REVOCABLE TRUST of JOAN WADSWORTH WEST

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