A0200001176

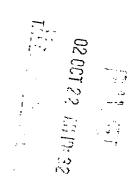
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
•		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
İ		

Office Use Only



800008482778

10/22/02--01065--001 **25.00



10/2 WX



GRAY, HARRIS & ROBINSON, P.A.

BANKFIRST BLDG., SECOND FLOO 1380 GRAND HIGHWAY (34711) P.O BOX 120848

GLERMONT, FLORIDA 34712-0848 rei 352-394-2103

FAX 352-394-2105 WEB grayharris.com

E-MAIL ADDRESS

October 17, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Morris D. Anderson Family Partnership, Ltd.

Dear Sir or Madam:

Enclosed please find an original and one copy of Statement of Qualification for Florida Limited Liability Limited Partnership for filing together with this firm's check in the sum of \$25.00 for the costs thereon. Please return a stamped copy to our office.

If you have any questions regarding this matter, please contact our office.

Very truly yours,

GRAY, HARRIS & ROBINSON, P.A.

Wade Bovette

KWB/jcg Enclosures

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1.	ne records of the Florida Department of State:	
	Morris D. Anderson Family Partnersh	ship, Ltd.
	nsert limited partnership's Florida document number:	A02000001176
<u>A</u> (Attach certificate of limited partnership, affidavit of capital artnership filing fees.	ital contributions and applicable limited
2.	. Suffix adopted for the above named partnership:1	LLLP
Insor At pa 2. 3. 4. 5. 6. The Signal		(LLLP, L.L.L.P.)
3.	. The street address of its chief executive office:	Same
	(if different from current recorded address):	00
4.	The street address of principal office in Florida:	Same N
	(in different montations)	R
5.	. The limited partnership hereby elects to be a limited lia	liability limited partnership.
6.	The effective date of this filing shall be: as of the date this document is filed	ed with the Florida Secretary of State
	or a date later than the time of filing:	;; <u></u>
7.	The name and Florida street address of the partnership Morris D. Anderson	ip's agent for service of process:
Instor At part 2. 3. 4. The Signature Signatur	10700 Bronson Road	
		orida34711
	The execution of this statement as a partner constitutes an hat the facts stated herein are true.	in affirmation under the penalties of perjury
Si	Signed this 15 day of October	, 2002
Si	Signature of TWO Partners: Warris Po	nolum
Τչ	Typed or printed names of partners signing above:	rris D. Anderson di M. Auderson

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