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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:

VLV Partners, Ltd.

Limited partnership's Florida document number: _A0200001451____
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, L.L.L.P.) LLLP
- 3. The street address of its chief executive office: (if different from current recorded address):
- 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 as of the date this document is filed with the Florida Secretary of State.
- 7. The name and Florida street address of the partnership's agent for service of process: 1

VLV Equity, LLC 2300 Glades Road Suite 100E Boca Raton, Florida 33431.

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 4th day of November, 2002.

VLV Equity, LLC, a Florida limited liability company, General Partner

William R. Greenfield, Manage