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(Requestor's Name)

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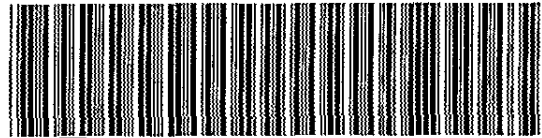
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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State: **EAGLE TITLE OF JACKSONVILLE, LLLP.**

Insert limited partnership's Florida Document number: _____
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**

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: _____

X as of the date this document is filed with the Florida Secretary of State
or

_____ a date later than the time of filing: _____

6. The name and Florida street address of the partnership's agent for service of process: **JARRELL BRITTS, 5020 Central Avenue, St. Petersburg, Florida 33707.**

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 27th day of October, 2002.

Signature of TWO Partners:

Typed or printed names of
Partners signing above:

**EAGLE TITLE & ABSTRACT CORPORATION,
INC., a Florida corporation, by JARRELL BRITTS,
President**

**PRINCIPAL MORTGAGE GROUP, INC., a
Georgia corporation, by TIMOTHY K. GENTRY,
President**

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