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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

| FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP FILED |
|--|
| 1. The name of the limited partnership as identified in the records of the Florida Department of State: |
| Insert limited partnership's Florida document number: A 03000030 0 |
| Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees. |
| 2. The complete name of the entity after filing Statement of Qualification shall be: |
| Custom wheels Finance ILLP (Must include LLLP or L.I., P.) |
| 3. The street address of its chief executive office: 2532 N. State Rd7 (if different from current recorded address): Wargate, FL 38063 |
| 4. The street address of principal office in Florida: 3620 N. State Rd7 (if different from above) margate, FL 33003 |
| 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 or topica date later than the time of filing: |
| 7. The name and Florida street address of the partnership's agent for service of process: Joseph P Pappalardo 3522 N. State Rd T margate, Fr 33003 , Florida 33003 |
| 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 8th day of OCHOOL 3003. |
| Signature of TWO Partners: |
| Typed or printed names of partners signing above: Toron's Pappalardo |

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