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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: GRFR LTD.

The limited partnership's Florida document number: _____

2. Suffix adopted for the above named partnership: LLLP
3. The Street address of its chief executive office: Not applicable
(If different from current recorded address)
4. The Street address of principal office in Florida: Same as above
(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: _____

7. The name and Florida street address of the partnership's agent for service of process:

American Information Services, Inc.
One S.E. Third Avenue, Suite 2800
Miami, FL 33131

The execution of this statement as a partner constitutes an affirmation under the penalties perjury that the facts stated herein are true.

Signed this 18th day of February, 2003.

Signature of TWO Partners:

GID, Inc., its general partner

By: 

Name: Scott Hirsch

Title: President


Hank Asher, Limited Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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