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Examiner's Initials

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

	The name of the limited partnership as identified in the records of the Florida Department of State air Labor Project, LLLP
In or	sert limited partnership's Florida document number: A 03 00000 0446
<u>A</u> 1 pa	ttach certificate of limited partnership, affidavit of capital contributions and applicable limited artnership filing fees.
2.	Suffix adopted for the above named partnership: LLLP
3.	(LLLP, L.L.P.) The street address of its chief executive office: 1555 Palm Beach Lakes Blvd., Suite 310 (if different from current recorded address): West Palm Beach, FL 33401
	(a universit from current recorded authors).
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: Irwin R. Gilbert, P.A.
	1555 Palm Beach Lakes Blvd., Ste. 310
	West Palm Beach , Florida 33401
	ne execution of this statement as a partner constitutes an affirmation under the penalties of perjury at the facts stated herein are true.
Si	gned this 11th day of March 2003
Si	gnature of TWO Partners: The Maris PH. Cara C. Magris, bues.
T۱	yped or printed names of partners signing above: Irwin R. Gilbert, PA
-)	Cara C. Morris, PA

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