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(Requestor's Name)

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(City/State/Zip/Phone #)

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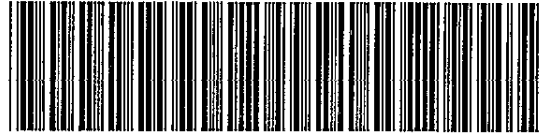
(Business Entity Name)

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FILED
2003 APR - 8 AM 10:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR - 9 2003

SHAPIRO, NEIMAN & PORRELLO, LLP

ATTORNEYS AND COUNSELORS AT LAW

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April 7, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314


FILED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: MSS Family Partnership, LTD

Dear Representative:

Please find enclosed a Statement of Qualification for MSS Family Partnership, LTD along with a check for \$25.00 for filing fee for same.
Please send all correspondence to Joseph A. Porrello at 550 Brickell Avenue PH#2 Miami, Florida 33131.

Very truly yours,


Joseph A. Porrello

JAP/as

Enclosures

**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:
MSS Family Partnership, LTD

Insert limited partnership's Florida document number: A03 000000 512
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

(LLP, LLLP.)

3. The street address of its chief executive office: 5121 West OAKLAND Park Blvd.

(if different from current recorded address):

Suite K103 ← OAKLAND PARK BLVD

Lauderdale Lakes, FL 33313

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: _____

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

Mitchell S. Seavey

5700 N. Federal Hwy., Suite 2

Fort Lauderdale, Florida 33308

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 2ND day of APRIL, 2003

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Mitchell S. Seavey, M.D.

Rita Seavey

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

INHS66(1/00)

Note: Once filed, please drop suffix "LTD" and replace with "LLLP"
so that name will read "MSS Family Partnership, LLLP"

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