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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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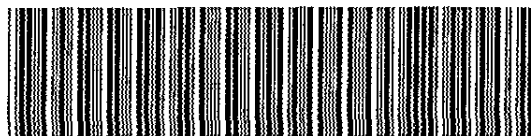
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:  
AbstractAmerica, 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  
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 155 Crystal Beach Drive  
(if different from current recorded address): Suite 137  
Destin FL. 32541

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:  
XX 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:  
Ricky R. Farrow  
As above  
\_\_\_\_\_, Florida \_\_\_\_\_

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 14th day of March, 2003.

Signature of TWO Partners: Ricky R. Farrow

Typed or printed names of partners signing above: Ricky R. Farrow

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

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