

A03000000 598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

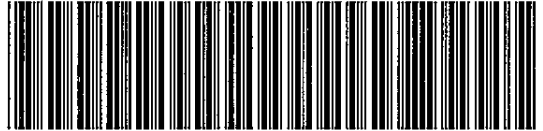
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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 December 19, 2003
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

Burgin, Ltd.

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

X statement of qual

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership in the records of the Florida Department of State:
Burgin, Ltd.

Insert limited partnership's Florida document number: **A03000000598**

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**

3. The street address of its chief executive office: **Same as Recorded Address**
(if different from recorded address): _____

4. The street address of principal office in Florida: **Same as above.**
(if different from above): _____

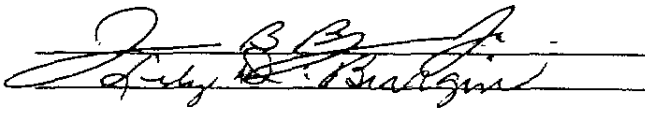
5. The limited partnership hereby elects to be a limited liability limited partnership.

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 of the Florida street address of the partnership's agent for service of process:
Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite 125
Coral Gables, FL 33146

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 15th day of December, 2003.

Signatures of TWO Partners: 

Typed or printed names of partners James B. Burgin, Jr.
Lily D. Burgin