

A03000000641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

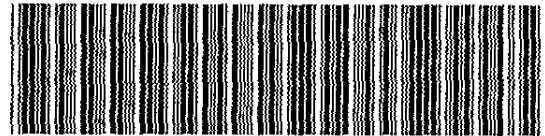
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:	
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Acknowledgement	DCC
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04/17/03--01092--014 **172.00

FILED
03 APR 17 PM 1:00
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:

SAIN'S OLDE WORLD DESSERTS, LLLP.

Insert limited partnership's Florida document number:

A03000000641

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:

102 EAST LAKE COLONY DR.

(if different from current recorded address):

MAITLAND, FL. 32751

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:

Jonathan W. Shirley
171 Circle Drive
Maitland, Florida 32751

FILED
03 APR 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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 15 day of April, 2003.

Signature of TWO Partners:

[Signature]
[Signature]

Typed or printed names of partners signing above:

CHARLY C. SAIN
PAMELA S. SAIN

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