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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

 The name of the limited partnership as identified State: Chelsea Quality Living Residential Florida II, I 		nt of	
Insert limited partnership's Florida document number or Attach certificate of limited partnership, affidavit of capartnership filing fees.		ted	,
2. Suffix adopted for the above named partnership:	LLLP (LLLP, L.L.P.)	- -	-
 The street address of its chief executive office: (if different from current recorded address): 	1518 Koenig Lane Austin, Texas 78756		<u>s</u>
4. The street address of principal office in Florida: (if different from above)	1518 Koenig Lane Austin, Texas 78756	J3 NAY -5	ALCINE 13
5. The limited partnership hereby elects to be a limited	d liability limited partnership.	5 PK	27.7 27.0 27.0
6. The effective date of this filing shall be: X as of the date this document is filed with or a date later than the time of filing:	h the Florida Secretary of State	2: 30	RPCRATIONS
7. The name and Florida street address of the partners	hip's agent for service of process:		
MOTOLAW, Inc. 50 North Laura Street, Suite 2500 Jacksonville, Florida 32202			
The execution of this statement as a partner constitute perjury that the facts stated herein are true.	s an affirmation under the penalties of		
Signed this 30th day of April, 2003.			
Signature of TWO Partners:			
CHELSEA CARLISLE I, INC.			
By: Lowerd W. Conk, President	Edward W. Conk, Partner		

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