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**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:
PH-4 Ltd.

Insert limited partnership's Florida document number: AP3 000000 832

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: _____
(if different from current recorded address): _____

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:
James F. Manley

4422 North Church Street, Unit H

Tampa, Florida **33614**

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 27th day of May 2003.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: James F. Manley

Christine A. Manley

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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03 MAY 30 AM 8:28
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:
PH-4 Ltd.

Insert limited partnership's Florida document number: A03000000832
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

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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:
James F. Manley

4422 North Church Street, Unit B

Tampa, Florida 33614

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 27th day of May 2003.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: _____

James F. Manley
Christine A. Manley

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