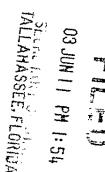
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June 4, 2003

Diahn L. Clark 1697A Hwy. A1A Satellite Beach, FL 32937

Marsha Thomas Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Ms. Thomas,

Thank you for your phone call regarding my request for LLLP status. Enclosed is the check for the balance of \$87.50 that I failed to include in my initial request. Should you have any further questions, I can be reached at (321) 795-7939 or at <a href="mailto:diahnclark@earthlink.net">diahnclark@earthlink.net</a>. Thank you again for your attention to this matter.

Sincerely,

Diahn L. Clark

## 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:  Diahn L. Clark, Esq. LL.L.P.
or	
na	ttach certificate of limited partnership, affidavit of capital contributions and applicable limited artnership filing fees.
2.	Suffix adopted for the above named partnership:
3.	
4.	The street address of principal office in Florida:  (if different from above)
	The limited partnership hereby elects to be a limited liability limited partnership.  The effective date of this filing shall be:  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:  Diann L. Wark  1497 A Huy. A 1 A  Satulite Beach, Florida 32937
	ne execution of this statement as a partner constitutes an affirmation under the penalties of perjury at the facts stated herein are true.
	gned this/\(\text{Q}\) day of May,
Ту	ped or printed names of partners signing above:
	Filing Fee: \$25.00 √

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