A03000000944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 8-22-03

REF. #: 0672.18853

CORP. NAME: THE GERALD W. SCHEUBLEIN FAMILY, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY
( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
(XX) OTHER: LIMITED LIABILITY LIMITED PARTNERSHIP

STATE FEES PREPAID WITH CHECK# 503027 FOR $ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

_____ COST LIMIT: $_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
(XX) CERTIFICATE OF STATUS

Examiner's Initials

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:
   The Gerald W. Scheublein Family, Ltd.

   Insert limited partnership's Florida document number: A03000000944
   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.)

2.5 Name of Partnership after filing this statement: The Gerald W. Scheublein Family, LLLP

3. The street address of its chief executive office: N/A
   (if different from current recorded address)

4. The street address of principal office in Florida: N/A
   (if different from above)

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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:
   Gerald W. Scheublein
   8711 Land O'Lakes Blvd.
   Land O'Lakes, Florida 34639-5816

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 21st day of August, 2003.

Signature of TWO Partners: Gerald W. Scheublein

Karen K. Scheublein

Typed or printed names of partners signing above: Gerald W. Scheublein, General Partner

Karen K. Scheublein, General Partner