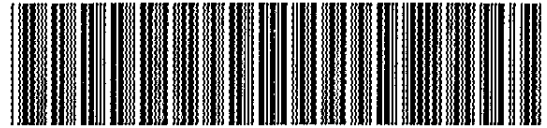


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ALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

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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:

LAKE POINT FAMILY PARTNERSHIP

FILED
03 JUL -7 PM 3: 56

CLERK OF STATE
TALLAHASSEE, FLORIDA

Insert limited partnership's Florida document number: _____
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:

925 A1A, #205
Satellite Beach, Florida 32937

4. The street address of principal office in Florida:

925 A1A, #205
Satellite Beach, Florida 32937

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:

William Hyman
925 A1A, #205
Satellite Beach, Florida 32937

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 1 day of July , 2003.

Signature of TWO Partners:

William Hyman
William Hyman as Trustee of the William Hyman
April 10, 2003 Trust, General Partner
Mary Ann Hyman
Mary Ann Hyman