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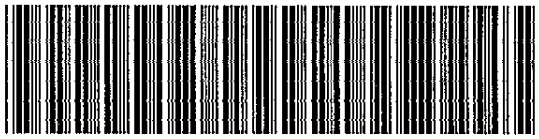

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1.) The Lewin V. Family Limited Partnership
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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October 8, 2003

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: THE LEWIN V FAMILY LIMITED PARTNERSHIP
Ref. Number: W03000028977

We have received your document for THE LEWIN V FAMILY LIMITED PARTNERSHIP and your check(s) totaling $77.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your $77.50.

Please return this qualification when you return the corrected limited partnership documents.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 803A00055059

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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:
THE LEWIN V FAMILY LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: _____
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:
THE LEWIN V FAMILY LIMITED PARTNERSHIP, LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:
(If different from current recorded address): 6425 S.W. 110th Street
Miami, Florida 33156

4. The street address of principal office in Florida:
(If different from above) Same as 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:
KIGG REGISTERED AGENT CORPORATION
100 S.E. 2nd Street, 28th Floor
Miami, Florida 33131

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 30 day of September, 2003.

Signature of TWO Partners: 1) Alan A Lewin MD
2) Alan A Lewin, MD & Cynthia Lewin

Typed or printed names of partners signing above: 1) Lewin Family General Partner, LLC
By Alan Lewin, M.D., as Manager & President
2) Alan Lewin, M.D. & Cindy Lewin, as Limited partners

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