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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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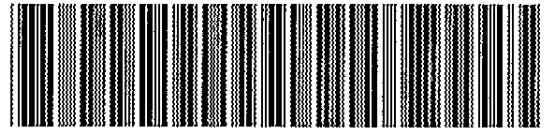
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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GOLDBERG & OLIVE
ATTORNEYS AT LAW

2039 CENTRE POINTE BOULEVARD
SUITE 201 (32308)
POST OFFICE BOX 12458
TALLAHASSEE, FLORIDA 32317

STUART E. GOLDBERG*

*Florida Bar Certified Wills, Trusts & Estates

PHONE: (850) 222-4000
FAX: (850) 942-6400

December 23, 2003

CAROLYN D. OLIVE*

*Florida Bar Certified Tax Law

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

Re: The Fen. L.L.L.P.

LP-25

Dear Madam/Sir:

Enclosed for filing are an original and one copy each of the following documents:

1. Statement of Qualification for Florida Limited Liability Limited Partnership;
2. Certificate of Limited Partnership;
3. Affidavit of Capital Contributions; and
4. Certificate of Designation of Registered Agent/Registered Office.

Also enclosed is a check in the amount of \$1,810.00 for the following fees:

Limited Partnership filing fee	\$ 1,750.00
LLLP Statement of Qualification fee	25.00
Registered Agent fee	35.00
Total	\$ 1,810.00

~~Please return our document copies in the enclosed return envelope.~~

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to call me.

Sincerely,

Carolyn D. Olive
Carolyn D. Olive

CDO/ldv
Enclosures

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Will pick up Monday
morning

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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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 FEN, L.L.L.P.

_____ Insert limited partnership's Florida document number: _____
or

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

2. Suffix adopted for the above-named partnership: L.L.L.P.
3. The street address of principal office in Florida: 4781 Williams Road
(if different from current recorded address): Tallahassee FL 32311

4. The mailing address of principal office in Florida: 4781 Williams Road
(if different from current recorded address): Tallahassee FL 32311

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

XXX as of the date this document is filed with the Florida Secretary of State
or

_____ a date later than the time of filing: _____

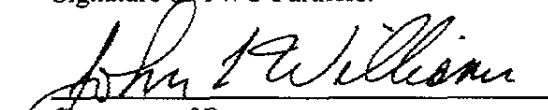
7. The name and Florida street address of the partnership's agent for service of process:

Linda M. Williams
4781 Williams Road
Tallahassee FL 32311

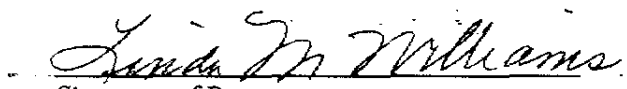
The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that
the facts stated herein are true.

Signed this 23rd day of December, 2003.

Signature of TWO Partners:



Signature of Partner
Name: John L. Williams



Signature of Partner
Name: Linda M. Williams

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TALLAHASSEE, FLORIDA