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(Requestor's Name)

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(City/State/Zip/Phone #)

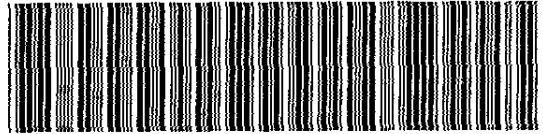
PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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03 DEC 26 AM 10:40

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 DEC 26 AM 10:02

RECEIVED

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

FILING COVER SHEET  
ACCT. #FCA-14

*File 2*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: MEGAN HODGE

DATE: December 26, 2003

REF. #: 0174.22221

CORP. NAME: SPA ASSOCIATES, L.L.L.P.

- 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
- OTHER: STATEMENT QUALIFICATION

STATE FEES PREPAID WITH CHECK# 507068 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY
- 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:  
SPA ASSOCIATES, LTD., a Florida limited partnership  
However, the partnership shall be known as SPA ASSOCIATES, L.L.L.P.

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: L.L.L.P.  
(LLP, L.L.L.P.)

3. The street address of its chief executive office: 240 S. PINEAPPLE AVENUE  
(if different from current recorded address): 10TH FLOOR  
SARASOTA, FL 34236

4. The street address of principal office in Florida: \_\_\_\_\_  
(if different from above) \_\_\_\_\_

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REG. CLERK OF STATE  
TALLAHASSEE, FLORIDA


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:  
DAVID S. BAND  
240 S. PINEAPPLE AVENUE, 10TH FLOOR  
SARASOTA, Florida 34236

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 24th day of DECEMBER, 2003.

Signature of TWO Partners: 

Typed or printed names of partners signing above: DAVID S. BAND  
EDWARD L. KALIN, Trustee of the Edward L. Kalin  
Revocable Trust u/a/d November 27, 1995

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