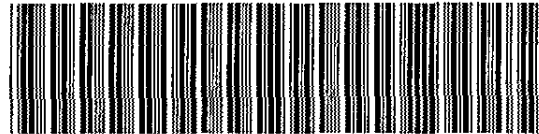


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400026048544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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LAW OFFICE
C. RANDOLPH COLEMAN, L.C.
ATTORNEY AT LAW
9250 BAYMEADOWS ROAD, SUITE 450
JACKSONVILLE, FLORIDA 32256-1813

C. RANDOLPH COLEMAN

FILED

04 FEB -4 AM 9:34
VOICE (904) 448-1969
FAX (904) 448-5244

Date: JANUARY 26, 2004
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Secretary of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**Re: Registration of Limited Liability Company
Registration of Limited Partnership
Registration of Statement of Qualification for Limited Liability Limited Ptr**

Dear Ladies and Gentlemen:

The undersigned, pursuant to the applicable provisions of the Florida Statutes hereby requests that the following be registered:

Inlet Sunrise Development, LLC
Inlet Sunrise Partnership, LLLP
Statement of Qualification for Limited Liability Limited Partnership

A check in the amount of \$155 is enclosed for the registration of Inlet Sunrise Development LLC, including \$125 for the filing fee, \$25 for the registered agent fee, and \$5 for a certificate of status.

A check in the amount of \$201.25 is enclosed for the registration of the Inlet Sunrise Partnership, LLLP, including \$157.50 for the filing fee, \$35 for the registered Agent Designation and \$8.75 for a certificate of status.

A check in the amount of \$33.75 is enclosed for the registration of the Statement of Qualification for Limited Liability Limited Partnership, including \$25 for the filing fee, and \$8.75 for a certificate of status.

Please let us know if you need additional information.

Sincerely yours,


J. Stephen Alexander

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED

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1. The name of the limited partnership as identified in the records of the Florida Department of State:
Inlet Sunrise Partnership, LLLP

SECRETARY 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
(LLP, LLLP,)

3. The street address of its chief executive office: 19 Old Mission Avenue
(if different from current recorded address): St. Augustine, FL 32084

4. The street address of principal office in Florida: 15 Dolphin Avenue
(if different from above) St. Augustine, FL 32080

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:

J. Stephen Alexander

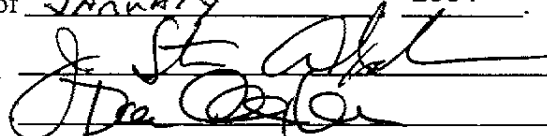
19 Old Mission Avenue

St. Augustine, Florida 32084

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 26th day of January 2004.

Signature of TWO Partners:



Typed or printed names of partners signing above: J. Stephen Alexander

Dan Alexander

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75