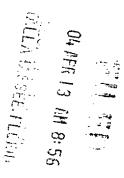
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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership assidentified in the records of the Florida Department of State	e:
Insert limited partnership's Florida document number: or	
2. The complete name of the entity after filing Statement of Qualification shall be:	
(Must include LLLP or L.L.L.P.)	
3. The street address of its chief executive office: 23/3/ GENTIA CO. (if different from current recorded address):	
LANDO NAKES, PL 3H039	
4. The street address of principal office in Florida: 23/3/ GENEVA CO (if different from above)	
5. The limited partnership hereby elects to be a limited liability limited partnership.	
6. The effective date of this filing shall be: as of the date this document is filed with the Florida Secretary of State or a date later than the time of filing:	A CONTRACTOR OF THE PARTY OF TH
7. The name and Florida street address of the partnership's agent for service of process:	
13/3/ GENEYA ROL	
LAND O'LAKES , Florida 3Hoff 57	
The execution of this statement as a partner constitutes an affirmation under the penalties of perjury hat the facts stated herein are true. Signed this 4 day of March.	
Signature of TWO Partners:	
Typed or printed names of partners signing above: ARPEN T. REMETE	
Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	