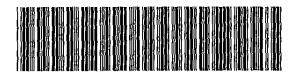
A04000000722

(Reques	tor's Name)	
(Addres	s)	
(Addres	<u>s)</u>	
(Ĉity/Sta	ate/Zip/Phon	e #)
PICK-UP] WAIT	MAIL
(Busine	ss Entity Na	me)
(Docum	ent Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Filin	g Officer:	

Office Use Only



400035391174

05/10/04--01056--005 **25.00

A04-122



Attorney at Law General Law Practice

Respond To: 52 U.S. Hwy. 41 South • P.O. Box 2755 Inverness, FL 34451-2755

(352) 726-1224 • Fax: (352) 726-5199 Toll Free: 1-888-296-8787 Also Admitted in State of Montana E-Mail: attyeden@mindspring.com

May 7, 2004

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

Re: Edge Interstate Investments, LTD./

Statement of Qualification for Florida LLLP

Dear Sir or Madam,

Please find enclosed the required Transmittal Letter, Statement of Qualification for Florida Limited Liability Limited Partnership and \$25.00 filing fee for the above-referenced partnership.

It is requested that you process the enclosed documentation as soon as possible in order for our client to become qualified as a Florida Limited Liability Limited

Partnership. Should you have any questions concerning this matter, please contact me as soon as possible.

Yours truly,

John H. Eden IV

Enclosures

TRANSMITTAL LETTER

	stration Section sion of Corporations				
SUBJECT:	EDGE INTERSTAET INVE (Name of L	STMENTS, LTD. .imited Partnership)	-		
DOCUMEN'	T NUMBER: <u>A0400000722</u>		-		
The enclosed filing.	Statement of Qualification for Florida Limit	ted Liability Limited Partnership and fee(s) are sui	bmitted for	?	
Please return	all correspondence concerning this matter to	the following:			
	CHESTER_EDW(Na.	ARD_PACANA me of Person)			
	(Fir	CE_FUNDING,LLC_(General_Pam/Company)	rtner)	<u> </u>	
		hurst Drive			
		(Address)			
	Homosassa,	FL 34446		#-	
	an	d Zip Code)			
For further information concerning this matter, please call:			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	JOHN H. EDEN IV. ESO. (Name of Person)	at (352) 726-1224 (Area Code & Daytime Telephone Number)	- 1		
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

INHS66(9/03)

TO:

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: EDGE INTERSTATE INVESTMENTS, LTD.
Insert limited partnership's Florida document number: <u>A0400000722</u> 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:
EDGE INTERSTATE INVESTMENTS, LLLP (Must include LLLP or L.L.P.)
3. The street address of its chief executive office: 4062 S. Oakhurst Dr. (if different from current recorded address): Homosassa, FL 34446
4. The street address of principal office in Florida: 4062 S. Oakhurst Dr. (if different from above) Homosassa, FL 34446
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:
7. The name and Florida street address of the partnership's agent for service of process: CHESTER EDWARD PACANA 4062 S. Oakhurst Dr. Homosassa, FL 34446 Florida
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 7th day of May , 2004.
Signature of TWO Partners: X Chest SECOND CHANCE FUNDING, LLC, GEN. P
Typed or printed names of partners signing above: SECOND CHANCE FUNDING, LLC, by CHESTER EDWARD PACANA as Managing Member CHESTER EDWARD PACANA ATD B

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