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FILED
2004 MAY 10 A 8:16
SECRETARY OF STATE
TALLAHASSEE, FL 32399

**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:

JMC QUEST, LTD

Insert limited partnership's Florida document number: _____

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:

JMC QUEST, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 811-15th AVE. W.

(if different from current recorded address):

4. The street address of principal office in Florida: SAME

(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:

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:

Jeanette M. Creel, 811-15th AVE. W.,

PALMETTO, Florida 34221

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 6th day of MAY, 2004.

Signature of TWO Partners:

JACRE MANAGEMENT COMPANY, INC.

J.M. CREEL FAMILY LIVING TRUST

BY: Jeanette M. Creel, President,
Jeanette M. Creel, Trustee

Typed or printed names of partners signing above:

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75