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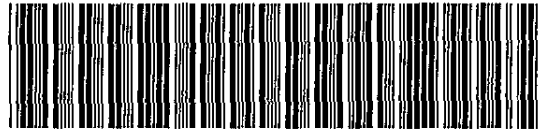
(Business Entity Name)

(Document Number)

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06/02/04--01006--008 **471.25

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06/03/04

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May 28, 2004

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Via UPS Next Day Air
#1Z F31 934 22 1003 693 7

Department of State
Division of Corporations
Corporate Filings
409 E. Gaines Street
Tallahassee, Florida 32399

Attention: Mr. Lee Rivers

Re: CAMP LLLP

Dear Mr. Rivers:

Per our telephone conversation today, enclosed under cover of this letter please find the following documents:

- Certificate of Limited Partnership
- Statement of Qualification for Florida Limited Liability Limited Partnership
- Affidavit of Capital Contributions for Florida Limited Partnership

A check is enclosed for \$471.25 to cover the following fees:

1.	Statement of Qualification	\$ 25.00
2.	Certified Copy	\$ 52.50
3.	Certificate of Status	\$ 8.75
4.	Registered Agent Designation	\$ 35.00
5.	Limited Partnership filing fees	<u>\$350.00</u>
		\$471.25

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LP = 86.25

Please have these documents filed immediately upon receipt.

If you have any questions please do not hesitate to contact the undersigned.

Thank you for your assistance in this matter.

Sincerely,



Carol Ann Justice, CLA, CFLA
Certified Paralegal

Enclosures

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**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:
CAMP LLLP

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:
CAMP LLLP

3. The street address of its chief executive office:
8401 Shady Glen Drive
Orlando Florida 32819

4. The street address of principal office in Florida:
(if different from above) N/A

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
XX 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:
AM&E Services LLC
801 N. Magnolia Avenue, Suite 201
Orlando, Florida 32803

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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 27 day of May, 2004.

Signature of two Partners: CAMP LLC, General Partner

By: 
Claire-Marie Calixte, M.D., President


Claire-Marie Calixte, M.D., Limited Partner

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