

A04000001205

(Requestor's Name)

(Address)

(Address)

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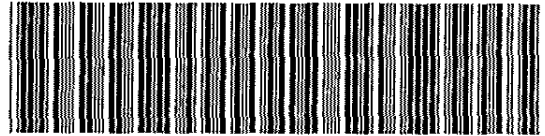
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 23 2004

# FOLEY

FOLEY & LARDNER LLP  
ATTORNEYS AT LAW  
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July 20, 2004

VIA FEDEX

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CLIENT/MATTER NUMBER  
044061-0101

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Show Properties, LLLP

Dear Sir or Madam:

Enclosed please find a transmittal letter, Statement of Qualification, Certificate of Limited Partnership and Affidavit of Capital Contributions for Show Properties, LLLP. Also enclosed is a check in the amount of \$1,810.00 to cover the filing fee (\$1,750.00), registered agent designation (\$35.00) and filing fee for Statement of Qualification (\$25.00).

Please contact the undersigned with any questions you may have.

Sincerely,



John A. Sanders

Enclosures

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TALLAHASSEE, FLORIDA

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SILICON VALLEY  
TALLAHASSEE  
TAMPA

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006.342770.1

STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
SHOW PROPERTIES, 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:

SHOW PROPERTIES, LLLP

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

3. The street address of its chief executive office: same as business address shown on Certificate of Limited Partnership  
(if different from current recorded address): \_\_\_\_\_

4. The street address of principal office in Florida: same as item 3  
(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: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:

F&L Corp

Suite 1300, One Independent Drive

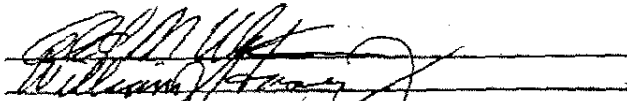
Jacksonville

Florida 33202-5017

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 19th day of July, 2004

Signature of TWO Partners:



Typed or printed names of partners signing above: Gerald M. Wochna  
William J. Hasey, Jr.

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