

A040000001888

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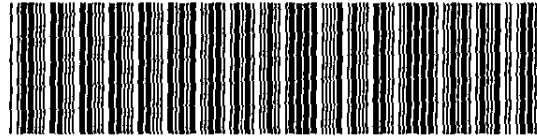
Special Instructions to Filing Officer:

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CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 12-02-04

REF. #: 0174.32338

CORP. NAME: GPS LEASING ASSOCIATES, L.L.L.P.

LLP040003506-9
12/02/04--01008--015 **77.50

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: STATEMENT OF QUALIFICATION | | |

STATE FEES PREPAID WITH CHECK# 510491 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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*File
1st!



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 2, 2004

CORPDIRECT AGENTS, INC.

SUBJECT: GPS LEASING ASSOCIATES, LTD.
Ref. Number: A04000001888

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GPS LEASING ASSOCIATES, LTD. and your check(s) totaling \$77.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 304A00067655

PLEASE GIVE ORIGINAL SUBMISSION
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04 DEC 27 11:03:26
02 JAN 12 2005
01 JAN 12 2005

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State:
GPS LEASING ASSOCIATES, LTD.

Insert limited partnership's Florida document number: A04000001888

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:

GPS LEASING ASSOCIATES, L.L.L.P.

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

3. The street address of its chief executive office: 240 S. PINEAPPLE AVENUE
(if different from current recorded address): 10TH FLOOR

SARASOTA, FL 34236

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

DAVID S. BAND

240 S. PINEAPPLE AVENUE, 10TH FLOOR

SARASOTA, Florida 34236

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 1st day of DECEMBER, 2004.

Signature of TWO Partners:



Typed or printed names of partners signing above:

DAVID S. BAND

DAVID CHESSLER, Manager of

JORDAN HOLDING II, L.L.C.

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75