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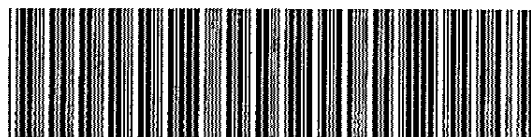
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC 27 P 3 24

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CRITTENDEN & CRITTENDEN, P. A.

ATTORNEYS AND COUNSELLORS AT LAW

H. C. CRITTENDEN (1898-1969)

ROBERT R. CRITTENDEN

*ALSO MEMBER OF
COLORADO AND WYOMING BARS

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WINTER HAVEN, FL 33882-0152
(863) 293-2161

FAX (863) 299-3207

December 21, 2004

VIA PRIORITY MAIL

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Gentlemen:

Re: GB II LIMITED PARTNERSHIP LLLP

I enclose herewith original and one copy of STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERS of GB II LIMITED PARTNERSHIP, a Florida Limited Partnership. Also enclosed is check for \$25.00, representing your filing fee.

Please file the original, and return a stamped copy of the Statement of Qualification in the enclosed stamped, addressed envelope.

If you have any questions or need any further information, please feel free to contact me or my legal assistant, Peggy Lawless, at telephone (863) 293-2161. Thank you.

Yours very truly,


Robert R. Crittenden

RRC/pl
Encs.

2004 DEC 27 P 3 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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:
GB II Limited Partnership

Insert limited partnership's Florida document number: A04000000 1993
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLP, L.L.P.)

2.5 Name of Partnership after filing this statement: GB II Limited Partnership, LLLP

3. The street address of its chief executive office: N/A
(if different from current recorded address)

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

Milton E. Jacobs

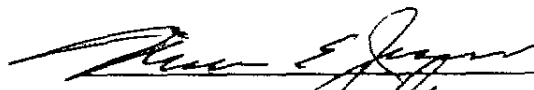
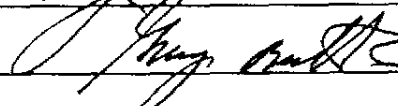
502 E. Bridgers Avenue

Auburndale, Florida 33823

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 10th day of December, 2004.

Signature of TWO Partners:

Typed or printed names of partners signing above: Milton E. Jacobs, General Partner

Guy Bostick, Limited Partner

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2004 DEC 27 P 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

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GB II Limited Partnership

Insert limited partnership's Florida document number: A04000001993
or
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2. Suffix adopted for the above named partnership: LLLP
(LLLP, L.L.L.P.)
- 2.5 Name of Partnership after filing this statement: GB II Limited Partnership, LLLP
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(if different from current recorded address)
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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:
Milton E. Jacobs
502 E. Bridgers Avenue
Auburndale, Florida 33823

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

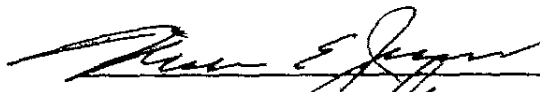
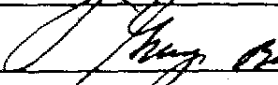
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Guy Bostick, Limited Partner