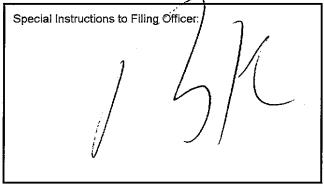
## A0400000 2107

(Re	equestor's Name)
(Ad	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
. (B	usiness Entity Name)
(De	ocument Number)
Dertified Copies	Certificates of Status
Special Instructions to	



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12/27/05--01001--072 \*\*86.25





ACCOUNT NO. : 072100000032

REFERENCE: 776552 10264A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: December 23, 2005

ORDER TIME : 1:55 PM

ORDER NO. : 776552-020

CUSTOMER NO: 10264A

DOMESTIC FILING

NAME: SCHICKEDANZ TROUBLE CREEK,

LLLP

EFFECTIVE DATE:

XX CERTIFICATE OF LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick - EXT. 2950

EXAMINER'S INITIALS:

## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1.	The name of the limited partnership is identified in the records of the Florida Department of State:		
	SCHICKEDANZ TROUBLE CREEK, LTD. Document No.: A0400002107	CLAHASSON P.	
2.	he complete name of the entity after filing Statement of Qualification shall be:		
	SCHICKEDANZ TROUBLE CREEK, LLLP	ORIGINA 33	
3.	The street address of its chief executive office:	7741 N. Military Trail, Suite 1 Palm Beach Gardens, FL 33410	
4.	The street address of principal office in Florida:	SAME AS 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.		
7.	The name and Florida street address of the partnership's agent for service of process is:		
	W. K. Schickedanz 7741 N. Military Trail, Suite 1 Palm Beach Gardens, FL 33410		
	ecution of this statement as a partner constitutes an aff	irmation under the penalties of perjury	
Signed	this day of	5.	
Signatı	ures of TWO Partners: W.K. Schickedanz	GP 4- Schickedanz G1	