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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

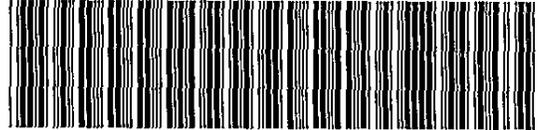
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LES S. KUSHNER, P.A.**A PROFESSIONAL ASSOCIATION**

Presidential Circle
4000 Hollywood Boulevard
Suite 400 North
Hollywood, FL 33021Tel: 954.342.0250
Fax: 954.989.7781
Toll Free: 800.634.1808

January 13, 2005

VIA FEDERAL EXPRESSDepartment of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399FILED
05 JAN 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDARE: Twin Warehouse, Limited
PartnershipFiling of Statement of
Qualification for LLLP Status

Dear Sir/Madam:

In connection with the above-referenced Limited Partnership, we have enclosed herein, for filing, the following:

- (1) Statement of Qualification for Florida Limited Liability Limited Partnership.

Please note that we have attached copies of the Certificate of Limited Partnership and Affidavit of Capital Contributions which was filed **online** on January 11, 2005. The tracking number for said documents is 400044570204.

- (2) Our firm's check in the amount of Seventy-seven and 50/100 Dollars (\$77.50) which represents the filing fee for the above Statement of Qualification in addition to a certified copy of the same.

**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:

TWIN WAREHOUSE, LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: AD5000000118

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**

3. The street address of its chief executive office: 534 Bontona Avenue
Fort Lauderdale, FL 33301

4. The street address of principal office in Florida: 534 Bontona Avenue
Fort Lauderdale, FL 33301

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

a date later than the time of filing: _____

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

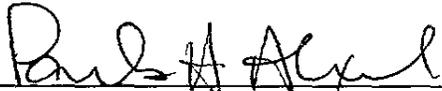
Les S. Kushner, Esq.
Les S. Kushner, P.A.
4000 Hollywood Blvd., Suite 400N
Hollywood, FL 33021

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05 JAN 85 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 11 day of January, 2005.

TYCHE HOLDING CO., LLC, General Partner

BY: 
PAMELA H. ALEXANDER


PAMELA H. ALEXANDER, Limited
Partner

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05 JAN 25 PM 12:45
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TALLAHASSEE, FLORIDA