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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited parinership as identified in the records of the Florida Department of State: 2115 Ponce, Ltd.

Insert limited partnership's Florida document number: A0500000352

<u>Attach</u> 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:

2115 Ponce, L.L.L.P.

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

3. The street address of its chief executive office: 2601 South Bayshore Drive (if different from current recorded address): Buite 1775 Miami, FL 33133

 The street address of principal office in Florida:\_\_\_\_\_\_ (if different from above) \_\_\_\_\_\_\_

5. The limited partnership hereby cleets 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
  - 70

a date later than the time of filing:

 The name and Florida street address of the partnership's agent for service of process: Sherry A. Stanley
 2601 South Bayahore Drive, Suite 1775

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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	24 <sup>th</sup>	day of	February	 2005

2115 Ponce, L.L.C., a Florida limited liability company, as its General Partner

By: Greenstreet Investment Holdings, L.P., its Sole Member

By: Greenstreet Capital Management, Inc., its General Partner By: Sherry A. Stahley Vice President

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