

A05000000416

(Requestor's Name)

(Address)

(Address)

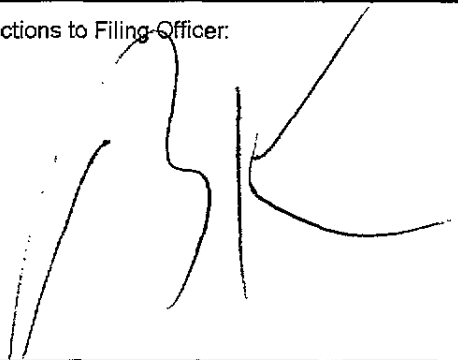
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

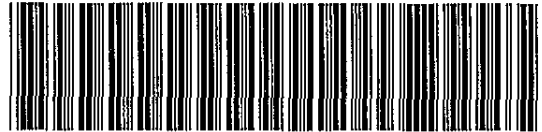
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Montecito Camelback, ~~SP~~

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- Art of Inc. File _____
- ~~SPD~~ Partnership File SP
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SP

Name

Date

Time

3/1/05 10:20

Walk-In _____

Will Pick Up _____

**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: Montecito Camelback Limited Partnership.

Insert limited partnership's Florida document number: A05000000416

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:
Montecito Camelback, LLLP.

3. The street address of its chief executive office: 333 First Street North, Suite 105
Jacksonville Beach, FL 32250

4. The street address of principal office in Florida: 333 First Street North, Suite 105
Jacksonville Beach, FL 32250

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

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:

Douglas R. Maxwell
San Pablo Office Park
4309 Pablo Oaks Court, Suite 5
Jacksonville, Florida 32224

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 28th day of February, 2005.

Signature of Two Partners:

MONTECITO CAMELBACK, INC., a Florida
corporation, as sole general partner

MONTECITO INVESTMENT
COMPANY, LLC, a Florida limited liability
company, as limited partner

By: Douglas R. Maxwell
Printed Name: Douglas R. Maxwell
Title: Vice President/Assistant Secretary

Douglas R. Maxwell
Printed Name: Douglas R. Maxwell
Title: Vice President/Assistant Secretary

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA