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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: LANDI (ONSTRUCTION LIMITED PARTMER SILIP
Insert limited partnership's Florida document number: <u>A0500000625</u> 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:
(Must include LLLF or L.L.L.P.)
3. The street address of its chief executive office: 3905 from eralae Way Ft. Lance, Ft. (if different from current recorded address):
4. The street address of principal office in Florida: (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: as of the date this document is filed with the Florida Secretary of State ora date later than the time of filing:
7. The name and Florida street address of the partnership's agent for service of process: William D. Anderson Jr. SIB SU CANDER ANCE STUTE TO THE PROPERTY OF THE STUTE TO
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 18 day of March, 2005.
Signature of TWO Partners:
Typed or printed names of partners signing above:

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