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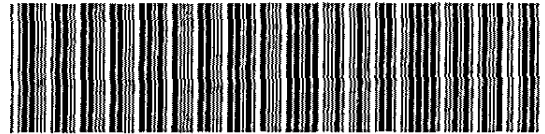
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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State: **LORAC PROPERTIES.**

Insert limited partnership's Florida document number: _____

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

"Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office:

Street: 4321 Collingtree Drive

City/State: Rockledge, Florida 32955

4. The street address of principal office in Florida:

Street: 4321 Collingtree Drive

City/State: Rockledge, Florida 32955

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

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:

Ronald J. Wanchisen

4321 Collingtree Drive

Rockledge, Florida 32955.

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 6th day of April, 2005.

Signature of TWO Partners: _____

Ronald J. Wanchisen

Carol S. Wanchisen

Typed or printed names of partners signing above: Ronald J. Wanchisen, Trustee and Carol S. Wanchisen, Trustee

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

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