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(((H05000091872 3)))

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Division of Corporations
Fax Number : (850)205-0383

From Count Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714

Hid Phone : (850)222-1173

Fax Number : (850)224-1640

CO COUNTY OF CORPDIRECT AGENTS, INC.
Account Number : 110450000714

CO COUNTY OF CORPDIRECT AGENTS, INC.
CONTROL OF CORPORATION OF CORP

SARABAY ASSOCIATES, LTD.

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*This is the 2nd part of a 2 part filing, the LP was filed 4/13, this filing requires the same file date. *

H050000918723

STATEMENT OF QUALIFICATION FOR PLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of S SARABAY ASSOCIATES, LED.	
Insert limited partnership's Florida document number:	d
2. The complete name of the entity after filing Statement of Qualification shall be:	
SAKABAY ASSOCIATES, L.L.L.P.	
(Must include LLLP of L.L.L.P.)	— —
3. The street address of its chief executive office: (if different from connect recorded address):	
4. The street address of principal office in Florida:	
5. The limited partnership hereby elects to be a limited liability limited partnership.	
5. 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:	
240 South Pineapole Avenue, 10th Floor	Jan 0
Sarasota .Florida 34236	<u> </u>
The execution of this statement as a partner constitutes an affirmation under the penalties of perjuination that the penalties of perjuins the facts stated herein are true.	7 73 · · · · · · · · · · · · · · · · · ·
Signed this 13th day of April 2005	
Signature of TWO Partners:	
Typed or printed names of partners signing above: David S. Band, as Managing General	Partner

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