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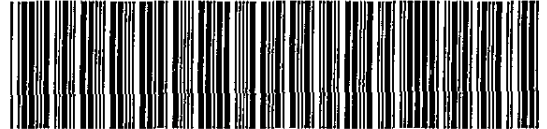
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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

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

Sapphire – Fort Lauderdale, Ltd.

Limited partnership's Florida document number: AD05-7166

2. Suffix adopted for the above named partnership (LLLP, L.L.L.P.) **LLLP**
3. The street address of its chief executive office: (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.
7. The name and Florida street address of the partnership's agent for service of process:

**Jeffrey A. Deutch, P.A.
7777 Glades Road
Suite 300
Boca Raton, Florida 33434**

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 13 day of April, 2005.

ALTMAN SAPPHIRE GP, LLC,
a Florida limited liability company, its General Partner

By: _____

Jeffery A. Roberts, Manager

Jeffery A. Roberts

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TALLAHASSEE, FLORIDA

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