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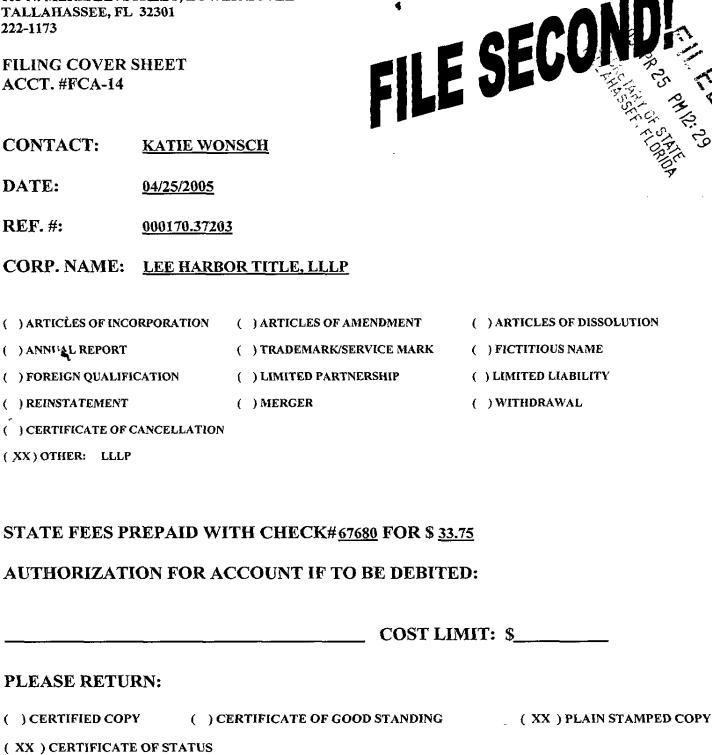
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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET



Examiner's Initials

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 States. Lee Harbor Title, Ltd.
Insert limited partnership's Florida document number:
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:
Lee Harbor Title, LLLP
(Must include LLLP or L.L.P.)
3. The street address of its chief executive office: (if different from current recorded address):
4. The street address of principal office in Florida:
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: Angela J. Voit
12650 New Brittany Blouevard, #101
Ft. Myers , Florida 33907
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
Signature of TWO Partners:
Typed or printed names of partners signing above: Angela J. Voit
John R. Scarbrough

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