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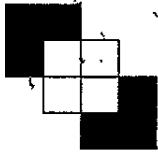
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M. HODGES

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TALLAHASSEE FLORIDA

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July 28, 2005

CERTIFIED - RETURN RECEIPT REQUESTED

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

**Re: Kronrad Enterprises Ltd.
Doc. # AO5000001066**

Dear Sir or Madam:

Enclosed is Statement of Qualification for Florida Limited Liability Limited Partnership, together with our check in the amount of \$52.50. Please file same and send us a certified copy in the enclosed self-addressed stamped envelope.

Yours very truly,

JERALD C. CANTOR
For the Firm

JCC:mat

Enclosures

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 8, 2005

JERALD C CANTOR
PHILLIPS, EISINGER & BROWN, P.A.
4000 HOLLYWOOD BLVD., SUITE 265-S
HOLLYWOOD, FL 33021

SUBJECT: KRONRAD ENTERPRISES, LTD.
Ref. Number: A05000001066

We have received your document for KRONRAD ENTERPRISES, LTD. and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

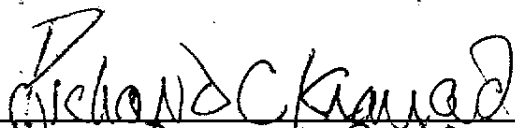
Michelle Hodges
Document Specialist

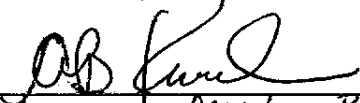
Letter Number: 705A00050798

**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: KRONRAD ENTERPRISES, LTD. The Limited Partnership's document number is: A05000001066.
2. The complete name of the entity after filing Statement of Qualification shall be KRONRAD ENTERPRISES, LTD., LLLP.
3. The Chief Executive Officer and principal office in Florida is the same as the current recorded address.
4. The Limited Partnership hereby elects to be a Limited Liability Limited Partnership.
5. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.
6. The name and street address of the Partnership's Agent for service of process: Richard C. Kronrad, 2800 Island Boulevard, Unit 2601, Aventura, Florida 33160.
7. 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 1 day of July, 2005.


Print Name RICHARD C. KRONRAD


Print Name AMELIA B. KRONRAD