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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

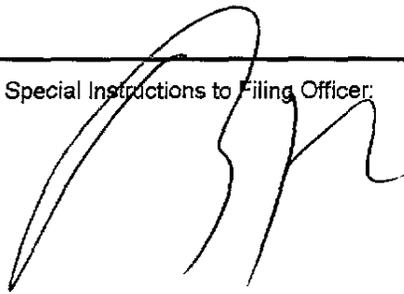
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

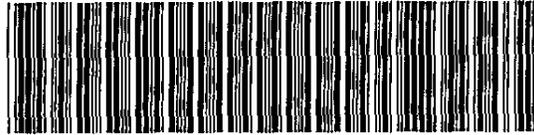
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FROMBERG, PERLOW & KORNIK, P.A.

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Board Certified in Tax Law

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 5, 2005

6/23

VIA FEDERAL EXPRESS
DIVISION OF CORPORATIONS
Attn: Buck Kohr
409 East Gaines Street
Tallahassee, FL 32399

RE: Tampa Industrial Partners, LLP, a Limited Liability Partnership, No. LLP040003019

Dear Buck:

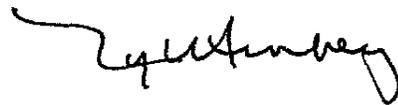
Pursuant to my conversations with you, please find enclosed the following documents:

1. Certificate of Limited Partnership for Tampa Industrial Partners, LLLP, a Limited Liability Limited Partnership.
2. Affidavit of Capital Contributions.
3. Statement of Qualification for Florida Limited Liability Limited Partnership for Tampa Industrial Partners, LLLP.
4. Our Check in the amount of \$1871.25 for the following:
 - a. \$1,750.00 filing fee for Limited Partnership.
 - b. \$35.00 Registered Agent.
 - c. \$52.50 Certified copy.
 - d. \$8.75 Certificate in good standing.
 - e. \$25.00 Qualification fee for LLLP.

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TALLAHASSEE, FLORIDA

Please note that we are converting Tampa Industrial Partners, LLP to a Limited Partnership and electing that said Limited Partnership be treated as a Limited Liability Limited Partnership under the name of Tampa Industrial Partners, LLLP. Should there be any questions concerning same, please call this office forthwith.

Cordially,



LYNN W. FROMBERG

LWF/bm

**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:
TAMPA INDUSTRIAL PARTNERS, LLP

Insert limited partnership's Florida document number: _____

or

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:

TAMPA INDUSTRIAL PARTNERS, LLP

(Must include LLLP or L.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: _____
(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

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:

PHILLIP GLASSMAN

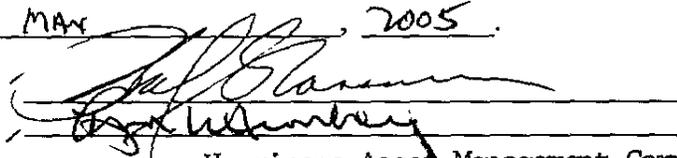
126 S. FEDERAL HIGHWAY, SUITE 201

DANIA BEACH, Florida **33004**

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 5 day of MAY, 2005.

Signature of TWO Partners:



Typed or printed names of partners signing above:

Hurricane Asset Management Corp.
PHILLIP GLASSMAN President
LYNN W. FROMBERG

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

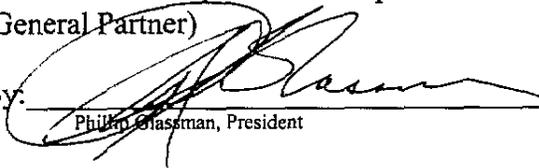
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Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts herein are true and correct.

Signed this 5 day of MAY, 2005.

Signature of all General Partners:
HURRICANE ASSET MANAGEMENT
CORPORATION, a Florida corporation
(General Partner)

By:



Philip Glassman, President