A05000001357

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M. Culligan JUL 21 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perfect Measurements of Martin County, LLP
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Jordon
(Name of Person)

Perfect Measurements of Martin County, LLP
(Firm/Company)

5607 SW Cherokee St
(Address)

Palm City, FL 34990
and Zip Code)

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For further information concerning this matter, please call:

Mary Jordon at (772) 263-1068
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

INHS66(9/03)

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: Perfect Measurements of Martin County, LLP.

Insert limited partnership's Florida document number: AU5000001357
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:

Perfect Measurements of Martin County, LLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 5607 SW Cherokee St
(if different from current recorded address): Palm City, FL 34990

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:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____.

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DIVISION OF CORPORATIONS

7. The name and Florida street address of the partnership's agent for service of process:

_____, Florida _____

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 12th day of July, 2005.

Signature of TWO Partners: Mary Ellen Jordan, Christine Scacchia

Typed or printed names of partners signing above: Mary Ellen Jordan
Christine Scacchia

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