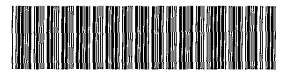
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## 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 HOMELIFE MEDIA GROUP LLP	of State:
Insert limited partnership's Florida document number: AUS 010001371 or  Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable partnership filing fees.	limited
2. The complete name of the entity after filing Statement of Qualification shall be:	
homelife media group, lllp	···
(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.	DIVISION SECR
6. The effective date of this filing shall be:  as of the date this document is filed with the Florida Secretary of State or	L IS
a date later than the time of filing:	RPORAT
7. The name and Florida street address of the partnership's agent for service of process:  2582 S. MAGUIRE RD #247  Barenda whitaker	CORPORATIONS  5 AMIL: 55
OCOEE , Florida 84761 - 4744	A:
The execution of this statement as a partner constitutes an affirmation under the penalties of that the facts stated herein are true.	perjury
Signed this 28 day of FEBRUARY , 2005 .	
Signature of TWO Partners:	
Typed or printed names of partners tigning above: BARENDA WHITTHER	_

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