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STATEMENT OF QUALIFICATION FOR FILED FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

2005 JUL 13 P 3: 22

	2003 000 1 2
l. State:	The name of the limited partnership as identified in the records of the Florida Department of STATE SEURE IF REPORTED STATE TALLAHASSEE. FLORIDA
	Florida Document number:
2.	The complete name of the entity after filing Statement of Qualification shall be: KZMSS AGAIN, LLLP.
3.	Address of chief executive office: 701 Medicine Plaza Drive, Leesburg, FL 34748.
4.	Address of principal office: 701 Medicine Plaza Drive, Leesburg, FL 34748.
5.	Registered agent for service of process: Jeffery M. Kerina. Signature of Registered Agent:
6.	The limited partnership elects to be a limited liability limited partnership.
7.	Effective date of qualification of the Florida registered limited liability limited partnership: As of the date this document is filed with the Secretary of State.
perjury	The execution of this statement as a partner constitutes an affirmation under the penalties of that the facts stated herein are true.
	Signed on July 7, 2005.
	Signature of TWO Partners: Imm. Sterre
	Type Name: Fernando Serra
	Das Malan

Type Name: Dino Madonna