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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2005

JORGE SUAREZ-MURIAS 275 HARBOR DRIVE KEY BISCAYNE, FL 33149

SUBJECT: CALAMUSA FAMILY LIMITED PARTNERSHIP LTD

Ref. Number: W05000031843

We have received your document for CALAMUSA FAMILY LIMITED PARTNERSHIP LTD and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return your document, along with 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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 005A00044032

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SEUNHASSEE, FLORIDA

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TRANSMITTAL LETTER

FO: Registration Section Division of Corporations	
SUBJECT: CALAMOSA FAMILY LIMITED PARTURUShip Ltv. (Name of Limited Partnership)	0
DOCUMENT NUMBER:	
The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
JORGE SUPPER MURIAS (Name of Person) (President Jsm Builders)	f
JSM Builders Inc (Firm/Company)	
275 HARBOR DRIVE	-
Key BISCAYNE F 33149	-
TORCE SUMPZ-MURIAS 305 361- ZZ7Z FOR SINGLE (Name of Person) Resident 35m Borde (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 RAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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:
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: (Must include LLLP or L.L.P.) (Must include LLLP or L.L.P.)
3. The street address of its chief executive office: 775 HARBOR DRIVE (if different from current recorded address): Key BISCAYNE FL 33149
4. The street address of principal office in Florida: 775 HARBOR DRIVE (if different from above) 1150, MYNE FL 33149
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 a date later than the time of filing:
7. The name and Florida street address of the partnership's agent for service of process: 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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 2 day of JUNE . Zoos
Signature of TWO Partners:
Typed or printed names of partners signing above: TORGE SUBJECT MORINS Alluson Columnism

Filing Fee: \$25,00 Certified Copy (optional): \$52,50 Certificate of Status (optional): \$8.75