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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

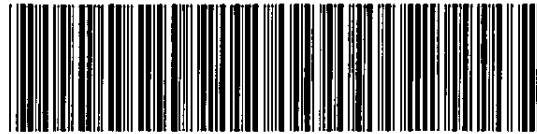
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AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

August 11, 2005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Eubanks Investments, Ltd.**

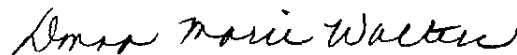
Dear Madam/Sir:

Enclosed are an original and one copy of the Statement of Qualification for this limited partnership to qualify as a limited liability limited partnership under the name **Eubanks Investments, LLLP**, and our check in the amount of \$77.50 to cover the filing fee (\$25.00) and certified copy charge (\$52.50).

I would appreciate your calling me at 425-5457 when the certified copy is ready; and I will arrange for someone to pick it up. If you have any questions or if you need any additional information, please call me.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters
Legal Assistant

/dmw

Enclosures

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001467.41046

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the partnership as identified in the records of the Florida Department of State:
Eubanks Investments, Ltd.

Insert partnership's Florida registration 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:

Eubanks Investments, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:
(if different from current recorded address)

Attn.: Kay W. Eubanks

710 West Highway 98

Mexico Beach, FL 32456-1304

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: _____

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

Kay W. Eubanks

c/o Coldwell Banker, 710 West Highway 98

Mexico Beach

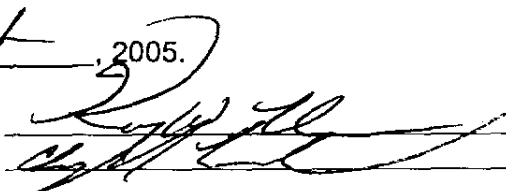
Florida

32456-1304

The execution of this statement as a partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Signed this 2nd day of March, 2005.

Signature of TWO Partners:



Typed or printed names of partners signing above:

Kay W. Eubanks

Clayton T. Eubanks

Filing Fee: \$25.00

Certified Copy (Optional): \$52.50

Certificate of Status (Optional): \$8.75

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