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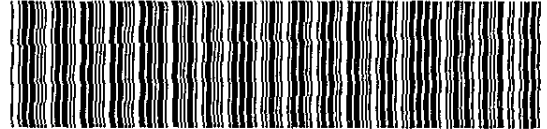
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: KZMSS, Ltd.

Florida Document number: _____.

2. The complete name of the entity after filing Statement of Qualification shall be: KZMSS, LLLP.
3. Address of chief executive office: 936 Bichara Blvd., Lady Lake, FL 32159.
4. Address of principal office: 936 Bichara Blvd., Lady Lake, FL 32159.
5. Registered agent for service of process: Tracy Masters, 936 Bichara Blvd., Lady Lake, FL 32159.

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.

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

Signed on July 7, 2005.

Signature of TWO Partners:

mamdouh zeini

Type Name: Mamdouh Zeini

jeffrey kerina

Type Name: Jeffrey Kerina

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