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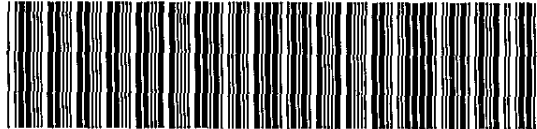
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October 14, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Agliano Family Limited Partnership, LLP (FILE SECOND)

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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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:

AGLIANO FAMILY LIMITED PARTNERSHIP, LLP

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 :

AGLIANO FAMILY LIMITED PARTNERSHIP, LLP

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

4922 St. Croix Drive
Tampa, Florida 33629

4. The street address of principal office in Florida:
(if different from above)

SAME AS ABOVE

5. The mailing address of the limited partnership shall be:

4922 St. Croix Drive
Tampa, Florida 33629

6. The limited partnership hereby elects to be a limited liability limited partnership.

7. The effective date of this filing shall be:

XX as of the date this document is filed with the Florida Secretary of State

or

_____ a date later than the time of filing: _____

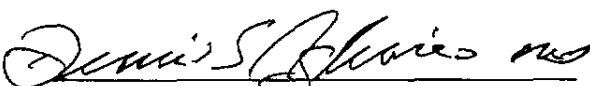
8. The name and Florida street address of the partnership's agent for service of process:

Dennis S. Agliano
4922 St. Croix Drive
Tampa, Florida 33629

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 10th day of October, 2005.

Signature of General Partners:



Dennis S. Agliano, as Trustee of the Dennis S.
Agliano Family Trust dated October 10, 2005
174029



Judith P. Agliano, as Trustee of the Judith P. Agliano
Family Trust dated October 10, 2005

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