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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The Name of the limited partnership as identified in the records of the Florida Department of State:

C P 516, LTD.

The complete name of the entity after filing Statement of Qualification shall be:

C P 516, LLLP

The street address of its chief executive office:

2409 Sunset Way St. Pete Beach, FL 33706

The street address of principal office in Florida:

2409 Sunset Way St. Pete Beach, FL 33706

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

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

Carol A. Vance, Esq. Carol A. Vance, Esq., CPA, PLC 411 55<sup>th</sup> Avenue St. Pete Beach, FL 33706

	n or this states erjury that the fa	ı.		s an attirmation	under the
Signed this	7th	day of _	October	, 2005	·•
Signatures of	TWO Partners:	Partie	obert F. Rupp, J arlos Pointe 516	r., Managing Me GP, LLC – Gene	mber ral Partner
Poles	14 Day	<u> </u>	Robert F. Rupp, .	Ir. – Limited Par	tner