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FILING Statement of	Quality of
The Sembler PARTNERS, WILLIAM (CORPORATE NAME AND DOCUMENT #)	P FEOR ST. S.S.
(CORPORATE NAME AND DOCUMENT #)	***************************************
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(CORPORATE NAME AND DOCUMENT #)	
CIAL INSTRUCTIONS:	

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: The Sembler Partners, LLLP
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:
The Sembler Partners, LLLP
(Must include LLLP or L.L.P.) 3. The street address of its chief executive office: (if different from current recorded address):
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: 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: Craig H. Sher c/o The Sembler Company 5858 Central Avenue St. Petersburg , Florida 3307-1728
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 17th day of October Ad, 2005
Signature of TWO Partners:
Typed or printed names of partners signing above: Craig H Sher Gregory S. Sembler

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75