(Requestor's Name)



ROGERS SCRUGGS&HOSKINS CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

209 North Goldenrod Road

Orlando, Florida 32807

(City/State/Zip/Phone #)
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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:

RMS PROPERTIES, LTD

Insert limited partnership's Florida document number: A05000002177

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filling fees.

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

RMS PROPERTIES, LLLP

- The street address of its chief executive office: 14242 Viburnon Lane Orlando, Florida 32828
- 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:

 Salvatore Ciaccio
 14242 Viburnon Lane
 Orlando, Florida 32828

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

Signed this _____day of ______

Signature of THREE Partners:

Mark Loui

Typed or printed names of partners signing above:

Pellegrino Difono

Filing Fee: 25.00

Certified Copy (optional): \$52.50