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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSH

The undersigned partners of CASANOVA LIMITED, LLLP, a Florida limited limited partnership state as follows:

- 1. The name of the limited partnership is CASANOVA LIMITED, LLLP.
- 2 The certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees will be filed simultaneous with this document.
 - 3. The suffix adopted for the above named partnership is "LLLP".
- 4. The street address of the partnership's chief executive office is 119 SINCLAIR STREET, S.W., PORT CHARLOTTE, FLORIDA 33952.
 - 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.
- 7. The name and Florida street address of the partnership's agent for service of process is:

DAVID A. HOLMES, Esquire 99 Nesbit Street Punta Gorda, FL 33950

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	2154	day of	December	, 2005

General Partner

ENA C. CASANOVA, Limited Partner