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## STATEMENT OF QUALIFICATION FOR FILED FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned partners of AHAD ISLAM FAMILY LIMITED PARTNERSHIP, 3: 49
LLLP, a Florida limited liability limited partnership state as follows:

SECRETARY OF STATE
TALLAHASSEE, EL ORIDA

- 1. The name of the limited partnership is AHAD ISLAM FAMILY LIMITED PARTNERSHIP, 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 2400 HARBOR BOULEVARD, SUITE 9, 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 2312 day of December, 2005

Arshad Ahad, General Partner

Yasmeen/Islam, Limited Partner