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February 18, 2000

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Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Re: SWEGER FAMILY LIMITED PARTNERSHIP

Enclosed herewith please find the Statement of Qualification for Florida Limited Liability Limited Partnership.

Also enclosed is our check in the amount of \$25.00 for your filing fee.

Please file the same and send written confirmation to the undersigned.

If you have any questions, please do not hesitate to contact me.

Wery truly yours,

Donald R. Hall

DRH:dk

Enclosures

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 SWEGER FAMILY LIMITED PARTNERSHIP
Insert limited partnership's Florida document number: A9200000258
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.
2. Suffix adopted for the above named partnership: LLLP ("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "R.L.P.," "RLLP," or "LLP")
3. The street address of its chief executive office: Same as current recorded address (if different from current recorded address):
4. The street address of principal office in Florida: Same (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:
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 5 rd day of FEBRUARY Fox 2000
Signature of TWO Partners:
Typed or printed names of partners signing above: John B. Sweger ROBERT L. Sweger The state of the sta
Filing Fee: \$25.00
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75
CERTIFICATE OF DIARRES FORMORALLY WX 75