

Taylor, Lombardi & Hall, P.A.

Certified Public Accountants

A. Van Taylor, CPA
Michael P. Lombardi, CPA
Dillon L. Hall, CPA
Cynthia S. Wjda, CPA

A97000002948

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

August 8, 2000

Re: McCrary Family Limited Partnership

Dear Ms Harvey:

As requested, enclosed is the Statement of Qualification for Florida Limited Liability Limited Partnership. Please proceed with the registration of the partnership as an LLLP. Thank you for your assistance in supplying me with the correct form needed to complete the registration process. If you need anything further, please do not hesitate to contact me.

Sincerely,


Michael P. Lombardi, CPA

800003354728
07/28/00--01058--005
\$83.75-- \$33.75

Refunded
\$50.00 8/14/00

FILED
00 AUG 14 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A97-2948
GA 8/14

**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:
MCCRARY FAMILY LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A97000002948
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLP, LLLP)

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) LOUISE H MCCRARY
1395 BUCKSAW PLACE
LONGWOOD, FL 32750

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:
LOUISE H MCCRARY
1395 BUCKSAW PLACE
LONGWOOD, Florida 32750

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 8 day of AUGUST, 2008.

Signature of TWO Partners: Louise H. McCrary
Marian M. Duffy

Typed or printed names of partners signing above: LOUISE H MCCRARY
MARIAN M DUFFY

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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