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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PETER A KRAUSE
ADAM S. GOLDBERG
FATIMA R. DIAZ

June 24, 2003

Florida Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, Florida 32399

VIA UPS OVERNIGHT MAIL

LAH0340002223-1
06/26/03 10:10 AM *\$33.75

RE: Statement of Qualification for Florida Limited Liability Partnership
G & R Snyder, LTD., LLP


Dear Registration Section:

Enclosed please find a Statement of Qualification for Florida Limited Liability Partnership for the limited partnership known as G & R Snyder, LTD., LLP. Please record this statement at your earliest convenience and forward back to this office a Certificate of Status. Check # 1874 for \$33.75 is enclosed to pay for the filing fee and for a Certificate of Status.

If at all possible, please expedite this filing and forward the Certificate of Status back to this office via UPS Overnight mail. The envelope containing this letter is reusable and I have also included a mailing label that ensures we will be billed for the overnight mailing.

Should there be any questions or problems with the Statement of Qualification for Florida Limited Liability Partnership, please contact me immediately at the phone or fax number listed above. Thank you in advance for your cooperation.

Very truly yours,



Adam S. Goldberg
ASG/ss
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:
G & R SNYDER, LTD., LLP

A98000000353

Insert limited partnership's Florida document number: _____

or

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

2. Suffix adopted for the above named partnership: _____

LLP

(LLLP, L.L.L.P.)

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) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be: _____

X 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:

Gary R. Snyder

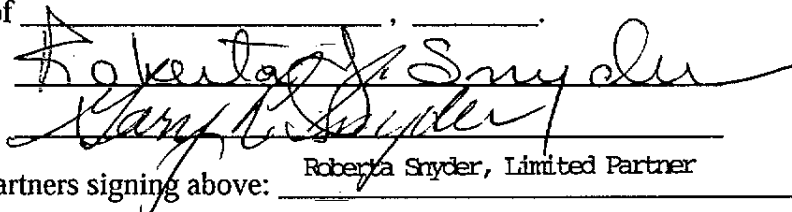
1753C North Powerline Road Pompano Beach, Florida 33069

_____, Florida _____

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 _____ day of June, 2003

Signature of TWO Partners: _____



Typed or printed names of partners signing above: _____

Roberta Snyder, Limited Partner

Gary Snyder, for G & R Snyder, Inc., General Partner

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75