

CORP/DIRECT AGENTS INC. (a member of CCS)
103 N. MERIDIAN STREET, SUITE 100, TALLAHASSEE, FL 32301
222-1173

A98000000577

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

000004777770--1
-01/16/02--01039--010
*****33.75 *****33.75

DATE: 1-15-02

REF. #: 0672. 4457

CORP. NAME: Ramsey Family Limited Partnership, LLC

- () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
() ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME
() FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY
() REINSTATEMENT () MERGER () WITHDRAWAL
() CERTIFICATE OF CANCELLATION () UCC-1 () UCC-3

(X) OTHER: Statement of Qualification

FILED
02 JAN 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 3894 FOR \$ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

FILED
02 JAN 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COST LIMIT: \$

PLEASE RETURN:

- () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING
(X) CERTIFICATE OF STATUS

(X) PLAIN STAMPED COPY

Examiner's Initials

LP- 25.00
CERT 8.75

**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:
Ramseur Family Limited Partnership

Insert limited partnership's Florida document number: A98000000577

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

3. The street address of its chief executive office: N/A
(if different from current recorded address)

4. The street address of principal office in Florida: N/A
(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:

Henry M. Ramseur

803 Ben Lomond Drive

Temple Terrace, Florida 33617

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 January, 2002.

Signature of TWO Partners:

Henry M. Ramseur
Henry M. Ramseur

Typed or printed names of partners signing above: Henry M. Ramseur, President of Ramseur Enterprises, Inc.

Henry M. Ramseur, Individually

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