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Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name :

: BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

LIMITED PARTNERSHIP AMENDMENT

MALOUF FAMILY PARTNERS, LLLP

SECREMENT OF STATE TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

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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 Malouf Family Partners, LLLP	State:	
Insert limited partnership's Florida document number: A 80000000 969	-	al digin segial na se u man a
or Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.	i	
2. Suffix adopted for the above named partnership: LLLP (LLLP, LLL.P.)		-
3. The street address of its chief executive office:		
4. The street address of principal office in Florida: (if different from above)		12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14
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:	• • <u>-</u>	:
7. The name and Florida street address of the partnership's agent for service of process: Thomas H. Malouf	<u> </u>	
3115 Mossvale Lane Tampa , Florida 33618		
The execution of this statement as a partner constitutes an affirmation under the penalties of pethat the facts stated herein are true.	njury	
Signed this 14th day of July 2000	00.0	
Signature of TWO Partners: Thomas H. Malon Jr.	IJN 22	FILE
Typed or printed names of partners signing above: Thomas H. Malouf Thomas H. Malouf, Jr.	OF STA	ED
Filing Fee: \$25.00	ラデ <u>ー</u>	

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