



## Florida Department of State

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Division of Corporations SAccount Name : PROSKAUER ROSE : 074673001063 5 Phone (561)995-4751 Fax Number : (561)241-7145

## LIMITED PARTNERSHIP AMENDMENT

E&C CAPITAL PARTNERS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	The name of the limited partnership as identified the CAPITAL PARTNERS, LTD.	d in the records of the Florida Department of State:
<u>Ins</u>	ert limited partnership's Florida document numi	A02000001355
	tach certificate of limited partnership, affidavit o (mership filing fees.	of capital contributions and applicable limited
2.	Suffix adopted for the above named partnership	LLLP
		(LLLP, LLLP,)
3.	The street address of its chief executive office:_	
(if different from current recorded address):		14th Floor
		Fort Lauderdale, FL 33301
4.	The street address of principal office in Florida	<u>:</u>
	(if different from above)	
5.	The limited partnership hereby elects to be a lim	ited liability limited partnership.
6.	The effective date of this filing shall be: X as of the date this document	is filed with the Plorida Secretary of State
	or a date later than the time of	
7		
1.	The name and Florida street address of the parts Donald E. Thompson, II, Esq.	retainly a seem for service or process:
	c/o Proskauer Rose LLP, 2255 Glades Ro	pad, Suite 340W
	Boca Ration	,Florida 33431
	e execution of this statement as a partner constitute the facts stated herein are true.	ntes an affirmation under the penalties of perjury
Sig	anced this 26th day of March	203
Sig	nature of TWO Parmers:	Alan Sa
		Edward Colonia
Ту	sed or printed names of partners signing above: _	Edward A. Cappedes
	-	Michael S. Egan
	Filing Fee	
	Certified Copy (o	optional): \$52.50
	Certificate of Statu	s (opnon2i): \$8.75

(DOL1)995EEM

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