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Division of Corporations

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1 (850)205-0383

From -

Account Name

: AKERMAN SENTERFITT & EIDSON

Account Number : 076656002425 Phone

: (407)843-7860

Fax Number

: (407)843-6610

LIMITED PARTNERSHIP AMENDMENT

FOREST TRAILS, LLLP

Certificate of Status	n
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IVISION OF CORPORATION

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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 State:
FOREST TRAILS, LLLP
Insert limited partnership's Florida document number: A0300001700 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
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
ora date later than the time of filing:
7. The name and Florida street address of the partnership's agent for service of process:
Igor Teplitsky 1155 South Semoran Boulevard, Suite 1120 Winter Park, FL 32792
The execution of this statement as a partner constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.
Signed this 32d day of December, 2003.
Signature of TWO Partners:
Typed or printed names of partners signing above: Igor Teplitsky Lilian Teplitsky Filing Fee: \$25.00

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

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