Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305)935-3500
Fax Number : (305)935-9042

LIMITED PARTNERSHIP AMENDMENT

SUNRISE GATE, LIMITED PARTNERSHIP

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

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J. BRYAN OCT 1 2004

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TALLAHASSEE, FLORIDA

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:
SUNRISE GATE, LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: **A04000001535**
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

SUNRISE GATE, L.L.L.P.
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **2875 N.E. 191 STREET**
(If different from current recorded address): **SUITE 400A**
AVENTURA, FL 33180

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:
LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD., SUITE 501
AVENTURA, Florida **33180**

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 30th day of SEPTEMBER, 2004.

Signature of TWO Partners:

Typed or printed names of partners signing above: RICARDO ISMAL
Juan Pablo Lorenzino

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