A04000001939

Florida Department of State

Division of Corporations
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LIMITED PARTNERSHIP AMENDMENT

ADIBSAMII, LTD.

Certificate of Status	1
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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: **ADIBSAMII, LTD.**

Insert limited partnership's Florida document number: **A04000001939**
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:

ADIBSAMII, LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **145 SEAGATE ROAD**
(if different from current recorded address): **PALM BEACH, FL 33480**

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:
CLIFFORD I. HERTZ, P.A.
ONE NORTH CLEMATIS STREET, SUITE 500
WEST PALM BEACH, Florida **33401**

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 **9TH** day of **DECEMBER**, **2004**.

Signature of TWO Partners:

Typed or printed names of partners signing above: **KHOOSHE A. AIKEN**
SADEGH ADIB-SAMII

Filing Fee: $25.00
Certified Copy (optional): $52.50
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