A28804

Florida Department of State
Division of Corporations
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From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
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LIMITED PARTNERSHIP AMENDMENT

ENDLESS SUMMER R.V. ESTATES, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	~~$105.00~~

77.50

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 24, 2000

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TALLAHASSEE, FLORIDA

endless summer r.v. estates, llp

,

SUBJECT:
REF:

We have received your electronically transmitted document. However, the document was submitted under the wrong EFIL type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate EFIL type.

This has to be sent under limited partnership amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

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Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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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:
Endless Summer R.V. Estates, Ltd.

Insert limited partnership's Florida document number: A28804
or
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

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TALLAHASSEE FLORIDA

2. Suffix adopted for the above named partnership: LLLP
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

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
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:
Harold E. Regan
211 South Gadsen
Tallahassee, Florida 32301

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 15 day of August, 2000.

Signature of TWO Partners:

Typed or printed names of partners signing above: Fred Morganroth
Stuart Perlman

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

LNHS66(6/99)

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