A97000002079

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

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
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A97-2079 0174.41193

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DIVISION OF CORPORATION

LIMITED PARTNERSHIP AMENDMENT

THEATRE ASSOCIATES II, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	~~$105.00~~

$77.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:
THEATRE ASSOCIATES II, LTD.

Insert limited partnership's Florida document number: A97000002079
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:

THEATRE ASSOCIATES II, LLLP
(Must include LLLP or L.L.L.P.)

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:
Steven C. Band
1991 Main Street, Box 183
Sarasota, Florida 34236

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 11th day of August, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: EDWARD L. KALIN
WAYNE M. RUBIN

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