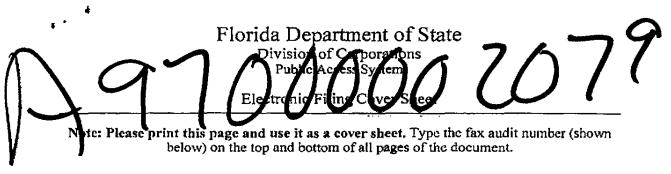
From: Patricia Tadlock

Thursday, August 11, 2005 11:54 AM Page; 1 of 2



(((H05000192441 3)))

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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 Fax Number (850) 224-1640

CORPORATION	IMITED PARTNERSHIP AMENDMENT THEATRE ASSOCIATES II, LTD.			
JO NOISIAN	Certificate of Status	0		
	Certified Copy	1		
SIX	Page Count	02		
っ	Estimated Charge	- S105.00 -	\$ 7	

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H050001924413

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

··	THEATRE ASSOCIATES II, LID.		
or Al	ttach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited		
pa	utnership filing fees.		
2.	The complete name of the entity after filing Statement of Qualification shall be:		
	THEATRE ASSOCIATES II, ILLP	_	
	(Must include LLLP or L.L.P.)	-	
3.	The street address of its chief executive office: (If different from current recorded address):	<u>.</u> -	
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: as of the date this document is filed with the Florida Secretary of State or		
	a date later than the time of filing:	05	
7.	The name and Florida street address of the partnership's agent for service of process: Steven C. Band 1991 Main Street, Box 183	AUG I	3 3 3
	Sarasota Florida 14236 to execution of this statement as a partner constitutes an affirmation under the penalties of penducy at the facts stated herein are true.	AH 8:42	43.5
Si	gned this //th day of security 2005	10	
	gnature of TWO Partners:		
Ту	yped or printed names of partners signing above: EDWARD L. KALIN WAYNE M. RUBIN		

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