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CSC THE UNITED SPATES CORPORATION	
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TVIIODD 2	NO.	:

072100000032

REFERENCE: 790745

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 8, 2000

ORDER TIME : 9:59 AM

ORDER NO. : 790745-010

CUSTOMER NO: 8899A

400003349254--3

-08/08/00--01044--002 ***1890.00 ***1750.00

CUSTOMER: Mr. Larry Rothenberg

Larry A. Rothenberg, P.a.

Suite 460

900 North Federal Highway

Boca Raton, FL 33432

DOMESTIC AMENDMENT FILING

FOX RIDGE-PARKLAND LIMITED

PARTNERSHIP

EFFICTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

TALL AHASSEE, FLORIDA SNOILVEOLVOS 10 MOISIÁIG
Tamara Odemis 15 1500 MAIO
EXAMINER'S INITIALS:

CONTACT PERSON:

06:11 MA 8-3UA DU

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SUPPLEMENTAL AFFIDAVIT OF GENERAL PARTNER OF FOX RIDGE-PARKLAND LIMITED PARTNERSHIP

STATE OF FLORIDA

ŠS.:

COUNTY OF PALM BEACH

On this day personally appeared before me, an officer duly authorized to administer oaths, CRAIG S. PERRY, as President of Centerline Homes at Fox Ridge, Inc., General Partner, who being first duly sworn by me states:

- 1. He is the President of CENTERLINE HOMES AT FOX RIDGE, INC., a Florida corporation (the "Corporation").
- 2. The Corporation is the sole general partner of FOX RIDGE-PARKLAND LIMITED PARTNERSHIP, a limited partnership existing pursuant to the laws of the State of Florida (the "Limited Partnership").
- 3. In accordance with Florida Statute 620.108(1), the amount of capital contributions of the limited partners and the amount anticipated to be contributed totals \$5,000,000.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that he has read the foreoing, and the facts alleged are true to the best of his knowledge and belief.

CRAIC S. PERRY, as President of CENTERLINE HOMES AT FOX RIDGE, INC., GENERAL PARTNER

SWORN TO AND SUBSCRIBED before me this ____ day of August, 2000, by CRAIG S. PERRY, President of CENTERLINE HOMES AT FOX RIDGE, INC., a Florida corporation, on behalf of the corporation. He is personally known to me and did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA
LORRAINE FALCONE JONES

TYPED OR PRINTED NAME

MY COMMISSION EXPIRES:

