

A000000001173

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000039106 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : POHL + SHORT, P.A.
Account Number : I20000000182
Phone : (407) 647-7645
Fax Number : (407) 647-2314

FILED
00 JUL 25 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 JUL 25 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP AMENDMENT

COGRO, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

A00-1173

7-25

Name	
Availability	
Document	
Verifying	
Acknowledgment	
V. P. Verifier	

**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: COGRO, LTD.
 Insert limited partnership's Florida document number: A000000000 1173
 OR
 Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fee.
2. Suffix adopted for the above named partnership: LLP
 ("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: 1202 Park Avenue
 (if different from current recorded address): Winter Park, Florida 32789
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. 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: _____
7. The name and Florida street address of the partnership's agent for service of process:
Frank Pohl, 280 West Canton Avenue, Winter Park, Florida 32789

00 JUL 25 PM 3:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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 24th DAY OF JULY, 2000

Signature of TWO Partners: _____

Typed or printed names of partners signing above: ALAN M. COHEN, Trustee of (i) the ALAN M. COHEN, M.D. REVOCABLE TRUST u/a/d August 6, 1993, as amended, (ii) the CREDIT TRUST created under the BERNARD IRWIN GROSSMAN REVOCABLE TRUST u/a/d December 18, 1995, and (iii) the RESIDUARY TRUST created under the BERNARD IRWIN GROSSMAN REVOCABLE TRUST u/a/d December 18, 1995, as amended, and RHODA GROSSMAN, Trustee of the RHODA GROSSMAN REVOCABLE TRUST u/a/d December 18, 1995, as amended.

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