A00000001702

Green Schoenfeld & Kyle LLP
Royal Palm Corporate Center, Suite 320
1520 Royal Palm Square Boulevard
Fort Myers, Florida 33919
City/State/Zip Phone #

MJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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-10/30/00--01132--004
*****86.25 *****86.25

1. Kohn Enterprises, Ltd. LLP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

FILED
00 OCT 30 AM 10:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

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:
Kohn Enterprises, Ltd.

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

2. Suffix adopted for the above named partnership: **LLLP**
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: **431 Suwanee**
(if different from current recorded address) **Park Forest, IL 60466**

4. The street address of principal office in Florida: **1520 Royal Palm Square Blvd., Suite 320**
(if different from above) **Fort Myers, FL 33919**

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: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

7. The name and Florida street address of the partnership's agent for service of process:
Lowell Schoenfeld
1520 Royal Palm Square Blvd., Suite 320
Fort Myers, Florida **33919**

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 6TH day of October, 2000.

Signature of TWO Partners: Marilyn J. Kohn

Typed or printed names of partners signing above: **Marilyn J. Kohn, Trustee, Marilyn J. Kohn Revocable Living Trust**
Jeffrey S. Kohn

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