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1025 Kane Concourse	D. COHEN, ESQ. Principal	Office Use Only
Suite 215 Bay Harbor Islands, FL 331: www.apmanagement.net	Phone: 305-867-224 54 Fax: 305-867-224 HCohen@apmanagement.ne	46
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OTHER FILINGS	REGISTRATI QUALIFICAT	ION/
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	·

Other

CR2E031(1/95)

Examiner's Initials

CERTIFICATE OF AMENDMENT

TO THE

CERTIFICATE OF LIMITED PARTNERSHIP

OF

CLEARWATER PARK, LTD.

The undersigned, desiring to amend that certain Certificate of Limited Partnership ("Certificate"), effective with the Department of State on February 5, 2001, Document No. A0100000180, pursuant to the laws of the State of Florida, certify as follows:

1. Paragraph 4 of the Certificate is amended as follows:

"The name and business address of the General Partner of the Partnership is as follows:

GENERAL PARTNER

Clearwater Park Tower at City Place, Inc.

P02000018497

BUSINESS ADDRESS

1025 Kane Concourse, Suite 215 Bay Harbor Islands, Florida 33154 Attention: Howard D. Cohen"

2. Paragraph 6 of the Certificate is amended as follows:

"The latest date upon which the Partnership is to dissolve is December 31, 2071, unless terminated sooner in accordance with the provisions of the Limited Partnership Agreement."

Except as modified hereby the Certificate remains in full force and effect and is ratified and confirmed.

Signed, scaled and delivered in our presence:

GENERAL PARTNER:

CLEARWATER PARK TOWER AT CITY PLACE, INC.

Signature Kenneth I. Cohen

Howard D. Cohen, President

Signature

Printed Name

STATE OF FLORIDA

: SS

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 29 day of Apr. 1, 2004, by Howard D. Cohen, as the President of Clearwater Park Tower at City Place, Inc., a Florida corporation, as the general partner of Clearwater Park, Ltd., a Florida limited partnership, on behalf of the partnership and the corporation. He is personally known to me or has produced as identification.

Notary Public

Typed, printed or stamped name of Notary Public

My Commission Expires:

