Sur Re Ver's Name	70000Z 49
Address	
City/State/Zip Phone #	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
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1. Corporation Name)  2. (Corporation Name)	(Document #)
(corporation : mine)	2000037187729 -02/19/0101078024
3(Corporation Name)	****445.00 *****76.25 (Document #)
4.	200037187729 -02/19/0101078025 ******10.00 ******10.00
(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	Photocopy  Certified Copy  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  To be a second content of the content of th
OTHER FILINGS	REGISTRATION/QUALIFICATION S
Annual Report Fictitious Name  LP- 25.00	Foreign Limited Partnership Reinstatement Trademark Other Statement of Qualification
CR2E031(7/97) CR2E031(7/97)	Examiner's Initials

2/19

## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified RENAISSANCE AT WASHINGTON RIDGE, I	in the records of the Florida Department of State:
Insert limited partnership's Florida document number	-r: <u>A0100000249</u>
	capital contributions and applicable limited partnership
filing fees.	
2. Suffix adopted for the above named partnership	LLLP
Z. Gazzi archive (I	LLP, L.L.P.)
3. The street address of its chief executive office:	1012 N STREET N.W.
3. The street address of its chief executive office: (if different from current recorded address):	WASHINGTON, D.C. 20001
	70 10 11
	1500 Miami Center
4. The street address of principal office in Florida:	1500 MIAMIT CCITCCE
(if different from above)	201 South Biscayne Boulevard
	MIAMIL, FIOLICA JULIA
5. The limited partnership hereby elects to be a lim	nited liability limited partnership.
<ol> <li>The effective date of this filing shall be:</li> <li>X as of the date this document is filed with</li> </ol>	h the Florida Secretary of State
or a date later than the time of filing:	·
7. The name and Florida street address of the part	nership's agent for service of process:
Gary J. Cohen, Esq. 201 South Biscayne Boulevard, S	Suite 1500
Miami	, Florida <u>33131</u>
The execution of this statement as a partner constituted herein are true.	tutes an affirmation under the penalties of perjury that the facts
Signed this day of February,	2001
Signed this day of February,	<u> </u>
Signature of TWO Partners: Gine Course	Limited Partie
Typed or printed names of partners signing above:	TCG Washington Ridge, LLC, General Partner
There or braves willing as however,	By: Jaime Bordenave, Manager
	Jaime Bordenave, Limited Partner

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