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Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GREEN SCHOENFELD & KYLE LLP

Account Number : I20000000177 Phone : (941)936-7200

Fax Number : (941)936-7997

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SECRETARING FLORIDA

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LIMITED PARTNERSHIP AMENDMENT

WOODWARD FAMILY INVESTMENT PARTNERSHIP, LTD.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$113.75

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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1.	The name of the limited partnership as identified in Woodward Family Investment Partnersh	the records of the Florida Department of State:	•
	sert limited partnership's Florida document number:	A01000000793 Pg 0	
or <u>At</u> par	tach certificate of limited partnership, affidavit of cap rtnership filing fees.	pital contributions and applicable limited	7
2.	Suffix adopted for the above named partnership:	(LLLP, L.L.P.)	5
3.	The street address of its chief executive office: (if different from current recorded address)		•
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.	The effective date of this filing shall be: X as of the date this document is filed wor a date later than the time of filing		
7. The name and Florida street address of the partnership's agent for service of process: Kevin A. Kyle			
	1520 Royal Palm Square Boulevard, Su Fort Myers	ite 320, Florida 33919	
The the	e execution of this statement as a partner constitutes a facts stated herein are true.		
Sig	ned this, 2001.		
Sig	nature of TWO Partners:	charlene brookerand, Trust	. نه نه
Туј	ped or printed names of partners signing above:	Charlene Woodward, Trustee James Woodward, Trustee	

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