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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : T20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

LIMITED PARTNERSHIP AMENDMENT

J & P CORCORAN FAMILY PARTNERSHIP, LLLP

Certificate of Status	0
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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:

J & P. Corcoran Family Partnership, LLLP

A010000001858

Florida Document Number

2. Suffix adopted for the above named partnership: **Limited Liability Limited Partnership**
3. The street address of principal office in Florida:

4060 Roberts Point Road
Sarasota, Florida 34242

4. The street address of principal office in Florida (if different from above): **Same as above**
5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The 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:

John E. Napolitano, Esquire
100 Wallace Avenue, Suite 240
Sarasota, Florida 34237

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 22 day of June, 2001.

Signature of TWO Partners:



Joseph C. Corcoran, Partner

FAMILY MANAGEMENT, LLC



Joseph C. Corcoran, Managing Member

Typed or printed names of partners
signing above:

Joseph C. Corcoran_____
Joseph C. Corcoran

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STATE SECRETARY OF
FLORIDA