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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 205-0383

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
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LIMITED PARTNERSHIP AMENDMENT
DOYLE-VALLERY FAMILY PARTNERSHIP, LTD.

Certificate of Status	0
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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY PARTNERSHIP**

HO/0000877398

1. The name of the limited partnership as identified in the records of the Florida Department of State:

DOYLE-VALLERY FAMILY PARTNERSHIP, LPD

HO/000001061

Florida Document Number

2. Suffix adopted for the above named partnership: LLLP

3. The street address of principal office in Florida:

**4250 Brackenwood Court
Sarasota, Florida 34232**

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:

X

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 3rd day of August, 2001.

Signature of TWO Partners:

DDV, LLC

by:

Deanna Doyle-Vallery, Managing Member

Deanna Doyle-Vallery, Limited Partner

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