

Division Corporations (1)

Florida Department of State

Division of Corporations
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Tó:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FOLEY & LARDNER Account Number : 072720000061 Phone : (904)359-2000

Fax Number : (904)359-8700

AUG 28 PM 1: 41

## LIMITED PARTNERSHIP AMENDMENT

WS MANAGEMENT, LTD.

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 01_      |
| Estimated Charge      | \$105.00 |
|                       |          |

12:59

## **FOLEY & LARDNER**

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EMAIL ADDRESS csnider@foleylaw.com CLIENT/MATTER NUMBER 029599-0101

August 28, 2001

VIA FACSIMILE

Florida Department of State P.O. Box 6327 Tallahassee, Florida 32314

Re:

WS MANAGEMENT, LTD./Status as a Limited Liability Limited

Partnership

Dear Sir or Madam:

Per instructions from your office, attached to be electronically filed on behalf of our client, WS Management, Ltd., is the proper form to register as a limited liability limited partnership. Although our client is aware of your administrative ruling that limited partnerships choosing status as a limited liability limited partnership are to use the designation LLLP, our client insists upon using the designation LLP as permitted by statute.

We would sincerely appreciate it if you would file the attached issuing a certified copy of the filing in the name WS Management, LLP.

Please do not hesitate to call the undersigned if you have any questions. Thank you very much for your assistance.

Very truly yours,

Carolyn Snider

Corporate Paralegal

Cardyn Siider

Attachments

Fax Audit No. H0100093920

## STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN LIMITED LIABILITY PARTNERSHIP The name of the partnership as identified in the records of the Florida Department of State: WS MANAGEMENT, LTD. Insert partnership's Florida registration number: Attach completed Partnership Registration Statement and \$50 filing fee. Suffix adopted for the above named partnership: LLP ("Registered Limited Liability Parmership," "Limited Liability Parmership," "R.L.L.P.," "R.L.L.P.," or "L.L.P") 3. The street address of its chief executive office: 225 WATER STREET (if different from current recorded address): **SUITE 1987** JACKSONVILLE, FLORIDA 32202 4. The street address of principal office in Florida: (if different from above) 5. The name and Florida street address of the partnership's agent for service of process: F&L CORP. 200 LAURA STREET **JACKSONVILLE** Florida 32202 6. This partnership hereby elects to be a limited liability partnership. 7. The effective date of this filing shall be: \* as of the date this document is filed with the Florida Secretary of State a date later than the time of filing: 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 \_\_\_ /7 \_ day of AUGUST 2001 Signature of TWO Partners: Typed or printed names of partners signing above: GILCHRIST B. BERG SOLE GENERAL PARTNER Filing Fee: \$25.00 Certified Copy: (Optional): \$52.50

Certificate of Status Optional): \$8.75

INHS67(1/00)