

**A01000001539**

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H01000116220 4)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: 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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV 21

RECEIVED  
01 NOV 21 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL

**LIMITED PARTNERSHIP AMENDMENT**

**ALLBNK JTS LTD.**

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

FAX AUDIT NO.: H01000116220

**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:  
ALLBANK JTS LTD. LLLP

Insert limited partnership's Florida document number: A01000001539

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP  
(LLP, L.L.P.)

3. The street address of its chief executive office: 200 N. Laura Street  
(if different from current recorded address): Jacksonville, FL 32202  
Attn: John T. Sefton

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 with the Florida Secretary of State  
or  
\_ \_ a date later than the time of filing: \_\_\_\_\_

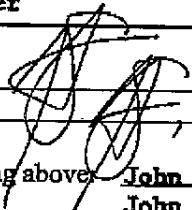
7. The name and Florida street address of the partnership's agent for service of process:

F&L CORP.  
200 N. LAURA STREET  
JACKSONVILLE, Florida 32202

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 19th day of November, 2001

Signature of TWO Partners:

 as Trustee

Typed or printed names of partners signing above: John T. Sefton, individually  
John T. Sefton as Trustee of the Marie A. Sefton Family Trust

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

INHS66(1/00)

FAX AUDIT NO.: H01000116220

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV 21