Division of Corporations

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

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Account Name : CAUTHEN AND FELDMAN, P.A.

Account Number : I19980000085 Fhone : (352)343-2225

Phone : (352)343-2225 Fax Number : (352)343-7759 ##

LIMITED PARTNERSHIP AMENDMENT

Certificate of Status	0
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Audit No. H02000081075 2

STATEMENT OF QUALIFICATION FOR ELORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

 The name of the limited partnership as identified in the records of the Florida Department of State: VISCONTI VENTURES, LLLP 	
Insert limited partnership's Florida document number:	
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filling fees.	
2. Suffix adopted for the above named partnership: LLLP (LLLP.)	
3. The street address of its chief executive office: Same (if different from current recorded address):	
4. The street address of principal office in Florida: (if different from shore)	
5. The limited partnership hereby elects to be a limited liability limited partnership.	
6. The effective date of this filing shall be: \(\times \) as of the date this document is filed with the Florida Secretary of State or \(\times \) a date later than the time of filing:	
7. The name and Florida street address of the partnership's agent for service of process: Joseph A. Visconti, Jr.	02 A
9361 Silver Lake Drive Leesburg .Florida 34748	Pp -
The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.	HI PM
Signed this 4 day of April 2002	1 4:3
Signature of TWO Partners:	<u></u>
Typed or printed names of partners signing above: Joseph A. Visconti, Jr., Trustee of the Joseph A. Visconti, Jr. Family Trust UTA Faul Boschen Visconti	3/6/00
Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	
massec(1/c0)	•