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Florida Department of State
Division of Corporations
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To: FLORIDA DEPARTMENT OF STATE
Division of Corporations
Fax Number : (850) 205-0383

From: DIANA M. GUERRA
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
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A02-818
LIMITED PARTNERSHIP AMENDMENT

COUNTRYSIDE MANORS, L.P.

Certificate of Status	0
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77.50

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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:

CONTRYSIDE MANORS, LP

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

2. Suffix adopted for the above named partnership: LLLP

3. The street address of its chief executive office: Same as the current recorded address
(if different from current recorded address).

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 as of the date this document is filed with the Florida Secretary of State

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

Julio J. Gonzalez
7661 S.W. 146th Street
Miami, Florida 33158

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 12th day of June, 2002.

Signature of the Sole General Partner:

STONEGATE HOMES, INC.

By: _____

Julio J. Gonzalez

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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