

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number

: (850)205-0383

: ATLAS PEARLMAN, P.A. KLR Account Name

Account Number : 076247002423 : (954)763-1200 Phone

Fax Number : (954)766-7800

LIMITED PARTNERSHIP AMENDMENT

RM BOYNTON SHOPPES, LTD.

Certificate of Status	0	
Certified Copy	0	
Page Count	01	9
Estimated Charge	\$105.00 - 2	5 1

for a statement of qualification, 15n't it only a \$25 fee? No certifical copies are needed. Ould the electronic account please be credited? Thanks

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

I.	The name of the limited partnership as identified in the records of the Florida Department of State: RM BOYNTON SHOPPES, LTD.
or	ert limited partnership's Florida document number: <u>A0200000901</u> tach certificate of limited partnership, affidavit of capital contributions and applicable limited
	mership filing fees.
2.	Suffix adopted for the above named partnership: LLLP
3.	The street address of its chief executive office: (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:
7.	The name and Florida street address of the partnership's agent for service of process: BARRY ROSS
	3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE ,Florida 33328
tha	e execution of this statement as a partner constitutes an affirmation under the penalties of perjury the facts stated herein are true. The facts stated herein are true. The facts stated herein are true.
_	nature of TWO Partners: Ross MATZ INVESTMENTS V, LLC Ross MATZ INVESTMENTS, INC.
Ty_{j}	ped or printed names of partners signing above: ARRY CSS MANAGER, ROSS MATZ INVESTMENTS, LLC VP ROSS MATZ INVESTMENTS, INC.

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