Page 1 of 2

of Corporations

Division 12000000

Florida Department of State

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

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: GUNSTER, YOAKLEY, ETAL. (MIAMI OFFICE)

Account Number : 076077002561

Phone : (305)376-6023 Fax Number

: (305)376-6010

LIMITED PARTNERSHIP AMENDMENT

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00 77.50

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership as identified in the records of the Florida Department of State: LEMTAG ASSOCIATES LLLP
Insert limited partnership's Florida Document Number: AO2 OCCOU 937 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
(LLLP, L.LL.P.) 3. The street address of its chief executive office: 16858 River Birch Circle Delray Beach, Florida 33445
(if different from ourrent 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 filling 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 filling:
7. The name and Florida street address of the partnership's agent for service of process: <u>Abner Levine</u> 16858 River Birch Circle <u>Delray Beach, Florida 33445</u>
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
Signature of TWO Partners: all Levine Mulahed Fevine
Typed or printed names of partners signing above: Abner Levine as Trustee of General Partner Mildred Levine, Limited Partner
327251.1

FAX AUDIT NO.: HO2000164818