

A020000001672

(Requestor's Name)

(Address)

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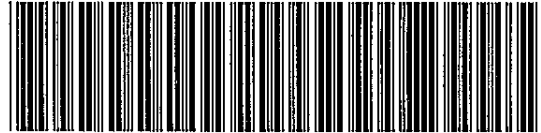
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATIONS

J. BRYAN DEC 20 2002



ACCOUNT NO. : 072100000032
REFERENCE : 864378 4718535
AUTHORIZATION : *Patricia P. [signature]*
COST LIMIT : \$ 102.50

ORDER DATE : December 19, 2002

ORDER TIME : 11:16 AM

ORDER NO. : 864378-005

CUSTOMER NO: 4718535

CUSTOMER: Joshua M. Bialek, Esq
Porter Wright Morris & Arthur
Suite 300
5801 Pelican Bay Boulevard
Naples, FL 34108

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TALLAHASSEE, FLORIDA

ARTICLES OF MERGER

CAMBRIDGE MANAGEMENT
ASSOCIATES

INTO

CAMBRIDGE MANAGEMENT
ASSOCIATES LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS: _____

STATEMENT OF PARTNERSHIP MERGER

Pursuant to s. 620.8907, Florida Statutes, after a merger, the surviving partnership or limited partnership may file a statement that one or more partnerships or limited partnerships have merged into the surviving entity.

1. The name of each partnership or limited partnership, as identified in the records of the Department of State that is a party to the merger:

Cambridge Management Associates, a New Jersey General Partnership (n/a)

Cambridge Management Associates Limited Partnership A02000001672
a Florida Limited Partnership

(Entity name)

(Document number)

2. The name of the surviving entity into which the partnerships or limited partnerships were merged:

Cambridge Management Associates Limited Partnership, a Florida Limited Partnership

3. The street address of the surviving entity's chief executive office and of an office in this state, if any:

27300 Riverview Center Blvd. Suite 201

Bonita Springs, FL 34134

4. The surviving entity of the merger is:

☐ A partnership

☒ A limited partnership

5. The effective date of the merger is Friday, December 20, 2002.
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 _____ day of _____, _____.

Signatures of TWO Partners: _____

See Attached

Typed or printed names of partners signing above: _____

See Attached

Filing Fee:	\$25.00 per party
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

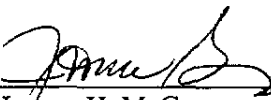
Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

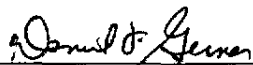
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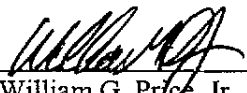
**CAMBRIDGE MANAGEMENT ASSOCIATES,
A NEW JERSEY GENERAL PARTNERSHIP**

PARTNERS:

 12/17/02
John S. McGarvey Date

 12-17-02
Joanne H. McGarvey Date

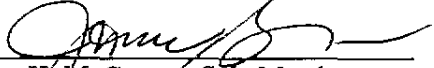
 12/17/02
Daniel F. Gerner Date

 12/17/02
William G. Price, Jr. Date

**CAMBRIDGE MANAGEMENT ASSOCIATES
LIMITED PARTNERSHIP, A FLORIDA
LIMITED PARTNERSHIP**

GENERAL PARTNER:

Cambridge Management Associates, LLC,
A Florida limited liability company

By: 
Joanne H. McGarvey, Sole Member
Date: 12-17-02

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