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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FOLEY & LARDNER
Account Number : I19980000047
Phone : (407)423-7656
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03 FEB -6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED PARTNERSHIP AMENDMENT

Certificate of Status	0
Certified Copy	1
Page Count	01
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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:
Mark 44, LLP

Insert limited partnership's Florida document number: _____

or

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

2. Suffix adopted for the above named partnership: LLP

(LLP, LLLP)

3. The street address of its chief executive office: 514 West Central Blvd.

(if different from current recorded address):

Orlando, FL 32801

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:

XX

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

or

_____ a date later than the time of filing: _____

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

F&L Corp.

The Greentree Building, 200 Laura Street

Jacksonville

, Florida 32202-3510

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 4th day of February, 2003

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Mark L. Kinchla

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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