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Division of Corporations

A03000000851

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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 : AKERMAN, SENTERFITT OF JACKSONVILLE
Account Number : 105543000740
Phone : (904)798-3700
Fax Number : (904)354-4459

LIMITED PARTNERSHIP AMENDMENT

CHELSEA QUALITY LIVING RESIDENTIAL FLORIDA III, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

025.00

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DIVISION OF CORPORATION

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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:

CHELSEA QUALITY LIVING RESIDENTIAL FLORIDA III, LTD.

Insert limited partnership's Florida document number: A030000000851
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.L.L.P.)

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

1518 Koenig Lane
Austin, Texas 78756

4. The street address of principal office in Florida:
(if different from above)

2260 North University Blvd.
Jacksonville, FL 32211

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing 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 filing: _____

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

MOTOLAW, Inc.

50 North Laura Street, Suite 2500
Jacksonville, FL 32202

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 30th day of May, 2003.

Signature of TWO Partners: _____

Typed or printed names of partners signing above:

Edward W. Conk
Joellyn Conk

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SECRETARY OF STATE
PALM HARBOR, FLORIDA