Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H030002379193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GUTTENMACHER & BOHATCH, P.A.

Account Number : I19990000159

: (305)442-4911

: (305)442-0911 Fax Number

LIMITED PARTNERSHIP AMENDMENT

FONTICIELLA LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	_\$52.50

Electropic Plins Manu

Composite Filing

Public Accoss Hales



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 22, 2003

FONTICIELLA LIMITED PARTNERSHIP 11400 WEST FLAGLER ST, STE 201 MIAMI, FL 33174

SUBJECT: FONTICIELLA LIMITED PARTNERSHIP

REF: A03000001040

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

Please accept our apology for failing to mention this in our previous letter.

Please list the name of the registered agent on line 7.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H03000237919 Letter Number: 103A00042615 . · Autit No.: H03000237919 3

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: FONTICIELLA LIMITED PARTNERSHIP
or	
	ttach certificate of limited partnership, affidavit of capital contributions and applicable limited urtnership filing fees.
2.	Suffix adopted for the above named partnership: LLLP (LLLP, 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.
б.	The effective date of this filling shall be: 07/22/2003 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:
	John S. Bohatch, Esquire
	2600 Douglas Road, Penthouse 8
	Coral Cables, V. , Florida 33134
	e execution of this statement as a partner constitutes an affirmation under the penalties of perjury at the facts stated herein are true.
	aned this 10 day of July 2003
	mature of TWO Partners:
Τv	ped or printed names of partners signing above: Armando J. Fonticiella, GP
,	Armando J. Fonticiella, LP
	Filing Fee: \$25.00

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

INHS66(1/00)

Audit No.: H03000237919 3