

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.

(((H030002492087)))

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

: POHL + SHORT, P.A.

Account Number :

T20000000182

rnone

(407) 647-7645

Fax Number

LIMITED PARTNERSHIP AMENDMENT

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 02

 Estimated Charge
 \$52.50

03 AUG -7 PM Is 05

DIV.

H03000249208 7

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

| TIC Reality Investments, LLLP | d in the records of the Florida Department of State; |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Insert limited partnership's Florida document numb or Attach certificate of limited partnership, affidavit o partnership filing fees. | |
| 2. Suffix adopted for the above named partnership. | (LLLP, L.L.L.P.) |
| The street address of its chief executive office: (if different from current recorded address): | 1717 S. Orange Avenue, Ste. 300 Orlando, Florida 32806 |
| The street address of principal office in Florida: (if different from above) | |
| 5. The limited partnership hereby elects to be a lim | ited liability limited partnership. |
| 6. The effective date of this filing shall be: as of the date this document or a date later than the time of i | is filed with the Florida Secretary of State |
| 7. The name and Florida street address of the partnership's agent for service of process: lohn_DBenz | |
| 1717 S. Orange Avenue, Ste. 300 | |
| Orlando | , Florida 32806 |
| The execution of this statement as a partner constituted the facts stated herein are true. | ties an affirmation under the penalties of perjury |
| Signed this day of | Dandure Dove us Danz |
| Typed or printed names of partners signing above; | JOHN DOUGLAS BENZ |

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

INHS66(1/00)