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Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

LIMITED PARTNERSHIP AMENDMENT

MCM GROVES, LLLP

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 29, 2003

MCM GROVES, LLLP P.O. BOX 77037 WINTER GARDEN, FL 34777-0037

SUBJECT: MCM GROVES, LLLP REF: A03000001809

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> JARY (n. 3 IAI) JASSEF, FLORII

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

 The name of the limited partnership as MCM GROVES, LLLP 	identified in the records of the Florida Department of State:
Insert limited partnership's Florida docum	nent number: A0300001809
***	Affidavit of Capital Contributions and applicable limited
2. The complete name of the entity after	filing Statement of Qualification shall be:
MCM GROVES, LLLP	
(M	ust include LLLP or LLLP.)
 The street address of its chief executive (if different from current recorded address): 	ve office: 1645 9th Street SW Vero Beach, Florida 32962
4. The street address of principal office i (if different from above)	m Florida: 1645 9th Street SW Vero Beach, Florida 32962
5. The limited partnership hereby elects t	to be a limited liability limited partnership.
or	nt is filed with the Florida Secretary of State
a date later than the time of	of filing:
Janet Alford	f the partnership's agent for service of process:
1645 9th Street SW	
Vero Beach The execution of this statement as a partner.	Florida 32962 Example 2
that the facts stated herein are true.	金融 一
Signed this 19th day of December	The state of the s
Signature of TWO Partners:	mary Dett Jana 37 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Typed or printed names of partners signin	V 27 1 7 1 42 2

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