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From:

Account Name : ADORNO & YOSS, P.A.

Account Number : 076247002423 Phone : (954)763-1200

Fax Number : (954)766-7800

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ELIMITED PARTNERSHIP AMENDMENT

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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 Departme	
Insert limited partnership's Florida document number: A0400000731	<u> </u>
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable partnership filing fees.	le limited
2. The complete name of the entity after filing Statement of Qualification shall be:	
RM Pines City Center Plaza KM, LLLP	<u> </u>
(Must include LLLP or L.L.P.)	
3. The street address of its chief executive office: 3325 8. University Drive	
Davie, Florida 33328	
The street address of principal office in Florida:	
5. The limited partnership hereby elects to be a limited liability limited partnership.	DINISION O
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:	FILED FOR ST OF CORPOR
7. The name and Florida street address of the partnership's agent for service of process: BARRY ROSS	STATE SRATIONS 10: 32
Davie Florida 33328	
The execution of this statement as a partner constitutes an affirmation under the penalties of that the facts stated herein are true. Signed this 3rd day of May 2004	of perjury
Signature of TWO Partners:	<u> </u>
Typed or printed names of partners signing above: B&D Ross Family Ltd. William Matz Trust	

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
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