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Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)205-0383

From:
Account Name : ADORNO & YOSS, P.A.
Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP AMENDMENT

RM PINES CITY CENTER PLAZA, LTD.

Certificate of Status	0
Certified Copy	1
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77.50

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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:
RM Pines City Center Plaza, Ltd.

Insert limited partnership's Florida document number: A04000000738
or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

RM Pines City Center Plaza, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 3325 S. University Drive
(if different from current recorded address): Suite 210

Davie, Florida 33328

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

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

6. The effective date of this filing shall be:

8 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:

BARRY ROSS

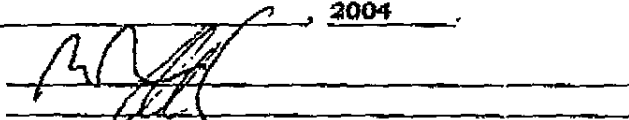
3325 S. UNIVERSITY DRIVE, SUITE 210

Davie, Florida 33328

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 3rd day of May, 2004

Signature of TWO Partners:



Typed or printed names of partners signing above: B&D Ross Family Ltd.

William Mats Trust

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