Florida Department of State

Division of Corporations Public Access System

2004 HAY 18 P 12: 02

GECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

Fax Number

: (850)521-1000 : (850)558-1575

LIMITED PARTNERSHIP AMENDMENT WELLS SHOPPING CENTER PARTNERS II, LTD.

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| \$105.00 |
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77.50

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STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP
SECRETARY OF STATE
THE PROPRIEST OF SMELLER 2004 HAY 18 P 12: 02

| 1. The name of the limited partnership as identifit Wells Shopping Center Partners II, Ltd. | ed in the records of the Florida Department of State |
|---|--|
| Insert limited partnership's Florida document nun | nber: |
| or Attach Certificate of Limited Partnership, Affidav partnership filing fees. | rit of Capital Contributions and applicable limited |
| 2. The complete name of the entity after filing St | atement of Qualification shall be: |
| Wells Shopping Center Partners II. LLLP (Must include | LLLP or L.L.L.P.) |
| 3. The street address of its chief executive office: 751 Oak Street (if different from current recorded add. 258): Suite 500 | |
| (if different from current recorded add. ess): | Jacksonville, Florida 32204 |
| 4. The street address of principal office in Florid | a: |
| (if different from above) | |
| 5. The limited partnership hereby elects to be a life.6. The effective date of this filing shall be: | mited liability limited partnership. |
| x as of the date this document is file | d with the Florida Secretary of State |
| a date later than the time of filing: | |
| 7. The name and Florida street address of the par R. Lamar Shaw, Jr. | mership's agent for service of process: |
| 751 Oak Street, Suite 600 | |
| Jacksonville | Fiorida 32204 |
| The execution of this statement as a partner constitute that the facts stated herein are true. | tutes an affirmation under the penalties of perjury |
| Signed this 14 day of May | , 2004 |
| Signature of TWO Partners: | y |
| Typed or printed names of partners signing above: | R. Lemar Shaw indiv and as Pres |

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