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

From:
Account Name : BUSH ROSS GARDNER WARREN & RUDY, P.A.
Account Number : I19990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

Brenda K. Howard - 9611.0

LIMITED PARTNERSHIP AMENDMENT

TITLE CITY SOUTH, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

\$25.00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TITLE CITY SOUTH, LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000000926

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John N. Giordano, Esq.
Bush Ross Gardner Warren & Rudy, P.A.
220 S. Franklin Street
Tampa, FL 33602

For further information concerning this matter, please call.

John N. Giordano at (813) 224-9255

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

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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: TITLE CITY SOUTH, LTD.

Insert limited partnership's Florida document number: A04000000926

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLLP, LLLP.)

3. The street address of its chief executive office:

(if different from current recorded address):

1416 W. Kennedy Blvd
Tampa, FL 33606

4. The street address of principal office in Florida:

(if different from current recorded address):

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

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: _____

7. The name and Florida street address of the partnership's agent for service of process:

JOHN N. GIORDANO, ESQ.

220 S. FRANKLIN St. TAMPA, FLORIDA 33602

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 15th day of April, 2004.

Signature of TWO Partners:

Barbara W. Brown

Barbara W. Brown, General Partner

LANDCRAFT DEVELOPMENT, INC.,
Limited Partner

By: [Signature]


James Landers, President

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

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ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I hereby accept my appointment as Resident Agent for service of process for TITLE CITY TAMPA, LTD., a Florida limited partnership and agree to act as such in accordance with the provisions of §620.105 of the Florida Statutes.



John N. Giordano
220 S. Franklin Street
Tampa, FL 33602

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