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IMITED PARTNERSHIP AMENDMENT

GATLIN CORNER LLLP

Certificate of Status	1
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1.

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership as identified in the records of the Florida Department of State: Gatlin Corner LLLP.

A04000001421

2.	The complete name of the entity after filing Statement of Qualification shall be: Gatlin Corner LLLP.			
3.	The street address of its chief executive office (if different from current recorded address):			
4.	The street address of principal office in Florida (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:			
X as of the date this document is filed with the Florida Secretary of State				
7.	The name and Florida street address of the partnership's agent for service of process:			
Jeff Mooallem 100 Village Square Crossing, Suite 104 Paim Beach Gardens, Florida 33410				
The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.				
Signe	d this 20th day of August , 2004.	Ot S		
	GATLIN CORNER, INC., Sole General Partner BY: Jen Mooallem, President	OL SEP I AM 8: 3		
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