Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000211242 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BROAD AND CASSEL-WPB

Account Number : I19990000010 Phone : (561)832-3300 Fax Number : (561)655-1109

## LIMITED PARTNERSHIP AMENDMENT

CLEMATIS PARTNERS, LTD.

1
1
01
\$113.75

Electronic Filing Menu

Comparate, Filing

Public Access Help:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 22, 2004

BROAD AND CASSEL-WPB

SUBJECT: CLEMATIS PARTNERS, LTD.

REF: A04000001659

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filling cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filling. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filling, please also send a copy of the incorrect cover sheet marked "ARANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist FAX Aud. #: ECP040000756 Letter Number: 904A00060879

04 OCT 22 AM 11: 09

RECEIVED
04 OCT 22 AM 10: 53
04 OCT 20 AM 10: 53

(H040002112423)

## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

CLEMATIS PAI	etners, I/d .					<b>_</b>
	rtnership's Florida d	locument numb	er: <u>A04000</u>	0001659		
or <u>Attach</u> Certifica partnership filin	te of Limited Partner g fees.	rship, Affidavi	t of Capital C	ontributions and	applicable lim	ited
2. The complete	name of the entity	after filing Stat	ement of Qua	dification shall be	<b>:</b> :	
CLEMATIS PAI	rtne <u>rs, lllp</u>	(Must include I	LLP or L.L.L.P.)			
		<b>(</b>	,			
	dress of its chief exe current recorded address):					
4. The street ac	dress of principal of	fice in Florida				
5. The limited p	artnership hereby el	ects to be a lim	nited liability	limited partnersh	ip.	
or a	date of this filing shas of the date this do date later than the t	cument is filed	with the Flor	ida Secretary of S	State	·
	d Florida street addı R. SATTER	ess of the part	nership's age	nt for service of p	rocess:	
	I OLIVE AVENUE					<u> </u>
WEST PALI	M BEACH		_, Florida_3:	3401		<del>Š</del>
The execution of that the facts sta	f this statement as a ted herein are true.	partner constitu	utes an affīrm	stion under the p		
Signed this 201	H day of OCT	OBER		2004		
Signature of TW	O Partners:		In the	Edwar Or		3
Typed or printed	l names of partners s	igning above;		R SATTER DeWOODY,	JR.	
		Filing Fe	e: \$25.00			

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

(HO40002112423)