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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : AKERMAN SENTERFITT & EIDSON by Rebecca MATZ
Account Number : 076656002425 407-419-8419
Phone : (407) 843-7860
Fax Number : (407) 843-6610

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LIMITED LIABILITY AMENDMENT

LGD PARTNERS, LLLP

Certificate of Status	1
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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED

1. The name of the limited partnership as identified in the records of the Florida Department of State:

LGD PARTNERS, LLLP

Insert limited partnership's Florida document number: A04000001664

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**

3. The street address of its chief executive office: **310 West Central Parkway, Suite 7000
Altamonte Springs, Florida 32714**

4. The street address of principal office in Florida: **[same as above]**

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

6. The effective date of this filing shall be:

☒ 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:

**American Information Services, Inc.
Attn: Rebecca Matz
255 South Orange Avenue, 17th Floor
Orlando, Florida 32801**

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 19th day of October, 2004.

Signature of TWO Partners:

Wm. Michael Mikkelsen
Wm. Michael Mikkelsen, General Partner

**THE LIBERTY GROUP, an Oregon general partnership
(Limited Partner)**

By: Wm. Michael Mikkelsen
Wm. Michael Mikkelsen, General Partner

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