01/27/05 10:18 FAX 239936799 Division of Q Florida Department of State Division of Corporations Public Access System Electronic Filing Cover Sheet 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. (((H05000022532 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. MJH Division of Corporations Fax Number : (850)205-0383 : GREEN SCHOENFELD & KYLE LLP Account Name Account Number 120000000177 Phone (239) 936-7200 Fax Number LIMITED PARTNERSHIP AMENDMENT KINDER FAMILY LIMITED PARTNERSHIP Certificate of Status Certified Copy 1 Page Count 01 Estimated Charge \$113.75

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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. K	The name of the limited partnershinder Family Limited Partnershi	ip as identified p, LLLP	d in the records of the Florida De	partment	of State	2 :
<u>In</u>	sert limited partnership's Florida do	ocument numb	oer:			
or						
	tach Certificate of Limited Partners rtnership filing fees.	ship, Affidavi	t of Capital Contributions and ap	plicable li	mited	
2.	The complete name of the entity a	ster filing Stat	ement of Qualification shall be:			
K	nder Family Limited Partnership	p, LLLP				
		(Must include L	LLP or L.L.L.P.)			
2	The street address of its chief ava	outive office:	3791 Jakemont Drive			
Э.	The street address of its chief executive office: (if different from current recorded address):		Bonita Springs, Florida 33143			
		-				
,	The street address of universely of	ion im Elomido:	. 2791 Lakemont Drive			
4.	The street address of principal off (if different from above)	ice in Florida:	Bonita Springs, Florida 33143			
		•				
5.	The limited partnership hereby ele	cts to be a lim	nited liability limited partnership.			
6.	The effective date of this filing sha x as of the date this docu		with the Florida Secretary of Sta	ate		
	or					
	a date later than the ti	me of filing:	,			
7.	The name and Florida street addre	ess of the parti	nership's agent for service of pro	icess:		
	1520 Royal Palm Square Boule	vard, Suite 3	320			
	Fort Myers		, Florida 33919			
	e execution of this statement as a p at the facts stated herein are true.	artner constitu	ites an affirmation under the pen	alties of p	erjury G	
Si	ned this 2nd day of Decer	nber	, 2004 .			. , ;
	gnature of TWO Partners:	Runis E) Visai in		27	******
 ₹			9 Kmolu		<u> </u>	
Τv	ped or printed names of partners sig	gning above:	Cynthia J. Kinder	<u>.</u>		*plage
- 3		U 12 131	Richard A. Kinder		90	

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