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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Fax Number : (850)224-7047

LIMITED PARTNERSHIP AMENDMENT

PRYOR STREET LTD.

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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

		e street lto
ns	ert ilmited partnership's	Florida document number: A0500000383
r		
	ach Certificate of Limite tuership filing fees.	d Partnership, Affidavit of Capital Contributions and applicable limited
2. The complete name of the entity after filing Sta		e entity after filing Statement of Qualification shall be:
_	PRYOR	street llip
		(Mast include LLLP or L.L.P.)
	The street address of its	chief executive office:
•	(if different from current record	d address):
	SOME AS ORIGIN	· · · · · · · · · · · · · · · · · · ·
		من خون المحتودة ncipal office in Florida:
	(If different from above)	
•	The timited batmeramb t	ereby elects to be a limited liability limited partnership.
	The approximation data and their	Gua dati ta
	The effective date of this	thing shall be: this document is filed with the Florida Secretary of State
	or as or the date	e may deciminant is thee and the Lieuds befrest A of prate
	= = =	oan the time of filing:
	a unit later a	with the topic of while.
	The name and Florida st	eet address of the partnership's agent for service of process:
	GINO J.	
	3841 THOI	yas stroct
	HALLMOOD	Florida 33021
he	execution of this statement	ent as a partner constitutes an affirmation under the penalties of perjury
	the facts stated herein ar	
	70 AP	F7-70
gı	ned this 22 MD day o	f redknary, 2005
g	nature of TWO Partners:	
		AFF LTO PARTURE, PRIOR STREET LTD
	_	
P	ed or printed names of pa	utners signing above: GIND J. ANGELLD FOR AURORA HOLDINGS LL
		GIND I ANGELLE LAD PARTHET PRINTSTIPE

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