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Division of Corporations

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DIVISION OF CORPORATIONS

To: Division of Corporations
Fax Number : (850) 205-0383
From: Account Name : ROSS MATZ INVESTMENTS, INC.
Account Number : I20040000128
Phone : (954) 452-5000
Fax Number : (954) 452-4700

LIMITED PARTNERSHIP AMENDMENT

MATZ FAMILY, LTD.

Certificate of Status	0
Certified Copy	0
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STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

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

Insert limited partnership's Florida document number: A05000000436

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Matz Family, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 3325 S. University Drive, Suite 210
(if different from current recorded address):

Davie, Florida 33328

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:

π 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:
3325 South University Drive, Suite 210, Davie, Florida 33328

 , Florida

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 21st day of April, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: William D. Matz
Brian Matz

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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