## Electronic Filing Cover Sheet

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(((H05000091860 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

: (850)222-1173

Phone Fax Number

: (850)224-1640

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LIMITED PARTNERSHIP AMENDMENT

KNIGHTS ASSOCIATES, LTD.

Certificate of Status Certified Copy 1 Page Count 01 Estimated Charge

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\*This is the 2nd part of a 2 part filing, the LP was filed 4113, this filing ravives the same file date. \*

H050000918603

## 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:  ENIGHTS ASSOCIATES, LID.	
OI A	sort limited partnership's Florida document number: $405-137$	
_	• •	
	The complete name of the entity after filing Statement of Qualification shall be:	
_	ENTERTE ASSOCIATES, L.L.L.P.	
	(Must include LLLP or LL.L.P.)	
3.	The street address of its chief executive office: (if different from oursent rectaded address):	
4.	The street address of principal office in Florida:	
5.	The limited partnership hereby elects to be a limited liability limited partnership.	
6.	The effective date of this filing shall be:    X   as of the date this document is filed with the Florida Secretary of State   SS   SS	*** <u>**</u> *
7.	The name and Florida street address of the partnership's agent for service of process:	
	240 South Pirespole Avenue, 10th Ploor	1
	Sarasota , Florida 34236	-,
	to execution of this statement as a partner constitutes an affirmation under the penalties of perjury at the facts stated herein are true.	
Si	gned this 13th day of April 2005	
Si	gnature of TWO Partners:	
T	ped or printed names of partners signing above. David S. Band, as Managing General Partner	

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