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# LIMITED PARTNERSHIP AMENDMENT

## BAYBORO VIEW LIMITED PARTNERSHIP

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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: **Bayboro View Limited Partnership**.

Insert limited partnership's Florida document number: A05000001278
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:

**Bayboro View, LLLP**
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

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:
X 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:
**John E. Johnson**
**101 E. Kennedy Boulevard, Suite 2700**
**Tampa**, Florida **33602**

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 **28th** day of **June**, **2005**.

Signature of TWO Partners: _____
_____

Typed or printed names of partners signing above: **John M. Stephens**
**Dorothy A. Stephens**

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