A05000001416

Florida Department of State

Division of Corporations
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To:
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Fax Number : (850)205-0383

From:
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

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LIMITED PARTNERSHIP AMENDMENT

ALV COCONUT POINT, LTD.

Certificate of Status	1
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Page Count	02
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From: 07/14/2005 15:00 #086 P.008/004

H05000174843 3

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:
ALV Coconut Point, LTD

Insert limited partnership's Florida document number: A05000001416
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:

ALV Coconut Point LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: One SE 3rd Avenue, Suite 3100
(If different from current recorded address): Miami, FL 33131

4. The street address of principal office in Florida: One SE 3rd Avenue, Suite 3100
(If different from above) Miami, FL 33131

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:
Granvil M. Tracy
One SE 3rd Avenue, Suite 3100
Miami, Florida 33131

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 14 day of July, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: GRANVIL TRACY
JAMES S. BROWN

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