Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050002451043)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : MCGUIRE WOODS LLP

Account Number : 071075000166 Phone : (904)798-3200 Fax Number : (904)798-3260

5 0CT 17 AM II: 20 ASSENTAL USAN ORATION

LIMITED PARTNERSHIP AMENDMENT

LONGLEAF LTD.

Certificate of Status	0
Certified Copy	0
Page Count .	01
Estimated Charge	\$52.50

OS OCT 17 AM 9: 40
SECRETARISSEE, FLORIDA

Electronic Filing Menu,

Corporate Filing

Public Access Help

H05000245104;

## STATEMENT OF QUALIFICATION FOR A FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned partners of LONGLEAF LTD., whose document number is A05000001922 (the "Partnership"), file this Statement of Qualification for a Plorida Limited Liability Limited Partnership with the Florida Secretary of State to become a limited liability limited partnership.

- 1. The name of the Partnership is LONGLEAF LTD. Upon filing of this Statement with the Florida Secretary of State, the name of the Partnership shall be LONGLEAF LLLP.
- 2. The street address of the chief executive office of the Partnership is 50 North Laura Street, Suite 3300, Jacksonville, FL 32202.
- 3. The Registered Agent of the Partnership is Lewis S. Lee, whose address is 50 North Laura Street, Suite 3300, Jacksonville, FL 32202.
- 4. The Partnership hereby elects to be a limited liability limited partnership.
- 5. The effective date for this Statement of Qualification for a Florida Limited Liability Limited Partnership shall be the date this Statement is filed with the Florida Secretary of State.

Executed as of this 4th day of October, 2005.

LONGLEAF, INC., a Florida co

Its General Partner

Lewis S. Lee, President