A05000257605

FILED
2005 NOV -4 A 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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.

(((H05000257605 3)))

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 : BERGER SINGERMAN - FORT LAUDERDALE
Account Number : I20020000154
Phone : (954)525-9900
Fax Number : (954)523-2872

05 NOV -4 PM 3:42

LIMITED PARTNERSHIP AMENDMENT AL

FOUR SEASONS ATLANTA APARTMENT LTD.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	$113.75

Please note - at this time, there is only 1 partner. Thanks.

Electronic Filing Menu Corporate Filing Public Access Help

H05000257605

FILED

2005 NOV -4 A 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Four Seasons Atlanta Apartments Ltd.

Insert limited partnership's Florida document number: A05000002001

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:

Four Seasons Atlanta Apartments LLLP

(Must include L.L.L.P. 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:

☑ as of the date this document is filed with the Florida Secretary of State

☐ a date later than the time of filing:

7. The name and Florida street address of the partnership's agent for service of process:

Lawrence B. Steinberg

2650 North Military Trail, Suite 240

Boca Raton, Florida 33431

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 2 day of November, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: Four Seasons GP LLC

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

INHS66 (8/05)

H05000257605