

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.

(((H05000276935 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 : BROAD AND CASSEL (BOCA RATON)

Account Number : 076376001555 Phone : (561)483-7000 Fax Number : (561)218-8960 JEC -2 PM 12: 32

LIMITED PARTNERSHIP AMENDMENT

SL UNIVERSITY, LTD.

Certificate of Status	1	1
Certified Copy	1	5
Page Count	01	
Estimated Charge	\$413.75	

8 15 52 50 01 25

Elactronic Filing Maries

Composite Filipa

OS DEC -2 AM 9: 35 SELATE ANIASSEE, FLORIDA

https://efile.sunbiz.org/scripts/efilcovr.exe

12/2/2005

Broad and Cassel->

858-205-0381 RightFax

Page 801



7777 GLADES ROAD SUITE 300 BOCA RATON, FLORIDA 33434 TELEPIRONE . 561.483.7321 WWW.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE:

Friday, December 02, 2005 11:58:04 AM

To:

Division of Corporations

ADDRESS:

TELECOPIER PHONE NO.:

1-850-205-0383

CONFIRMATION PHONE NO.:

FROM:

Tracey Testa

TOTAL NUMBER OF PAGES:

03 (including cover)

CLIENT AND MATTER:

35387-0004

MESSAGE:



PLEASE NOTIFY US IMMEDIATELY IF	FALL PAGES WERE NOT	RECEIVED AT 561.483.7000
---------------------------------	---------------------	--------------------------

FAX OPERATOR:	FIRST ATTEMPT:		SECOND ATTEMPT:	
				

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

BOCA RATON FT LAUDERDALE MIAMI ORLANDO TALLAHASSEE IAMPA WEST PALM BEACH

Fax Audit Number:	H05000276935	3
PEX AUDIC NUMBER		•

Broad and Cassel->

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 States

SL University, Ltd.

Limited pertnership's Florida document number: A05000002153

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited. partosyship filing foos.

- 2. Suffix adopted for the above named pertnership:(LLLP, LLLP) LLLP = SL University, LLLP
- 3. The street address of its chief executive officet(#different from connect recorded address):
- 4. The street address of principal office in Florida: (#different from shows):
- 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.
- 7. The name and Florida street address of the partnership's agent for service of process:

University Grove, LLC 1002 East Newport Center Drive Suite 100 Decrifeld Beach, Florida 33442.

The execution of this statement as a pariner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 2nd day of December

University Grove, LLC, a Florida Hmited liability company, General	Partner (<u>5</u>	
Ву:	A.		
Andrew Stallone, Manager	ASS.	2	-
Ms	EE, FG	₩ 9:	
Andrew Stallone, Limited Partner	ORIGE A	<u>ယ</u> ဟ	A.56' Million