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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number: 075201001473 Phone : (561)650-7900 Fax Number : (561)655-6222

FLORIDA/FOREIGN LP/LLP

VB Amfib, Ltd.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 17, 2005

FLORIDA DEPARTMENT OF STATE

GREENBERG TRAURIG (WEST PAIM BEACE)

SUBJECT: VB AMTIB, LTD.

REF: W06000007873

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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H060000435333

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

2006 FEB 17 A \$1 SECRETARY OF STAT TALLAHASSEE, FLORI

1_	VB Amfib, Ltd.
Acc	(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) reptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. reptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. LLLP.
2	190 Southeast 19th Avenue, Pompano Beach, FL 33060
	(Street address of initial designated office)
3.	Prank Jaumont
J. _	(Name of Registered Agent for Service of Process)
4	190 Southeast 19th Avenue, Pompano Beach, FL 33060
•	(Florida street address for Registered Agent)
5. agr dui	I hereby accept the appointment as registered agent and agree to act in this capacity. I further ee to comply with the provisions of all statutes relative to the proper and complete performance of my ies, and I am familiar with an accept the obligations of my position as registered agent.
	Signature of Registered Agent
6	190 Southeast 19th Avenue, Pompano Beach, FL 33060
	(Mailing address of initial designated office)

If limited partnership elects to be a limited liability limited partnership, check box Q.

7,

62-17-2006 11:092m From-GREENBERG TRAURIG

H06000043533 3

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8. Name and business address	of each general partner:	2005 FEB 17 A 9 48
Name:	Business Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
POLO-2138 6	Vero Beach, FI 32	e, Suite 200
	the date of filing: nor more than 90 days after the date the d	
Signed this 16 day of February	,, 2006 .	
Signature of each general partner:		
Daniel MacLachian		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000,00 (\$965 Filing Fee and \$35 Registered Age \$52,50 \$8.75	rm Fee)