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/Pa	questor's Name	<u>, </u>
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D BICK LIB	WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to F		
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Office Use Only



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02/26/07--01004--003 **1061.25



COVER LETTER

TO: Registration Section Division of Corporations	
•	11 Carolle 12-210 Pro Liga 1/20
(Name of Resulting Florida Limited	d Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Conversion, Cesubmitted to convert an "Other Organization Limited Liability Limited Partnership in ac	
Please return all correspondence concernin	g this matter to:
DOWALD CARNITO (Contact Person) DSC MANAGEMENT, INC. (Firm/Company)	
(Contact Person)	
DJC MANAGEMENT INC	- ,
(Firm/Company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
S014 N. US 1	
(Address)	
SOI4 N. US / (Address) FH PIERCE, FL 34946 (City, State and Zip Code)	
(City, State and Zip Code)	SE SE
	L'CR III
For further information concerning this ma	tter, please call: at (772) 466-774450
•	ttor, proase can.
DONALD CIRRITO	at (772) 466-7746 (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	II: 26 ORIDA
\$1,052.50 Filing Fees (\$52.50 for Conversion and \$1,000 - Certificate) \$1,061.25 Filing Fees and Certificate of Status	\$\$\square\$\$\$1,105.00 \text{ Filing Fees}\$\$ and Certified Copy\$\$ Certified Copy, and Certificate of Status\$\$
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

Certificate of Conversion

For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this

Certificate of Conversion is:			
MCC FLORIVA REALTY FAMILY L	'IMPED PARTURESHIP	TAL	
		LCE CCE	
2. The "Other Business Entity" is a	Limit Partnership	FEB HAS	******
(Enter entity type. Example: cor	poration, number naming compa-		
proprietorship, general partnersl	hip, common law or business trus	st, etc.)	
first organized, formed or incorporated un	nder the laws of NEVADA	STA LOR	
(Enter state, or if a non-U.S	S. entity, the name of the country	₽m' 22	
on <u>2////997</u> (Enter date "Other Business Entity" v			
(Enter date "Other Business Entity" v	vas first organized, formed or inc	corporated)	
3. The name of the Florida Limited Partn as set forth in the attached Certificate of		l Partnership	
MCC FLORIDA REALTY FAMILY L	IMITED PARTNERSHIP		
(Enter Name of Florida Limited Partne	rship or Limited Liability Limit	ed	
Partnership)			

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4. The conversion was approved as required by Chapter 6 such a manner that complied with the converting organization				
5. If not effective on the date of filing, enter the effective (The effective date: 1) cannot be prior to nor more that document is filed by the Florida Department of State; the effective date listed in the attached Certificate of L effective date is listed therein.)	ın 90 ANI	days after 2) must be	the same as	
Signed this 20+4 day of FEBRUARY	2	0 <u><i>07</i></u>		
Signature of Each General Partner Listed in Attached Cer Caroline Counts Fees:	tifica	te of Limite	2001 FEB 2b P 1: 2b SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Certificate of Conversion:	\$	52.50		
Fees for Florida Certificate of Limited Partnership (\$965 Filing Fee and \$35 Filing Fee)	: \$I	•		
Certified Copy: Certificate of Status:	\$ \$	52.50 (Opt 8.75 (Opt		

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

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability or LLLP.	y Limited Partnership, L.L.L.P.
2. SO14 N. U51	200 SE(
(Street address of initial designated office)	AR T
2. SO14 N. U51 (Street address of initial designated office) FTPIELCE, FL 34946	FEB 2 RETAR HASS
3 DOVALD CLERITO	F-0
(Name of Registered Agent for Service of Proc	
4. SO14 N. US I (Florida street address for Registered Agent F4 ARACE, FL 34946	7 1: 2 7 1: 2
(Florida street address for Registered Agent)
PH Hance, PL 34946	
5. I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the proper and comple and I am familiar with an accept the obligations of my position as registere Signature of Registered Agent	te performance of my duties,
5. I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the proper and comple and I am familiar with an accept the obligations of my position as registere Signature of Registered Agent	te performance of my duties, d agent.
5. I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the proper and comple and I am familiar with an accept the obligations of my position as registere	te performance of my duties, d agent.
5. I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the proper and comple and I am familiar with an accept the obligations of my position as registere	te performance of my duties,

8.75

Certificate of Status (optional):