DOCUME 1. Entity Name PHILLIPS PL	ENT.#A19137 ACE, LTD.			SECRETAR DIVISION OF (LED Y OF STATE CORPORATIONS PM 2: 22
Principal Place of 0 7575 DR. PHILLI SUITE 210 PHILL ORLANDO, FL 32	PS BLVD. IPS Place	Mailing Address 7575 DR. PHILLIPS BLVD. SUITE 210 PHILLIPS PLACE ORLANDO, FL 32819			ou and and and and and and a state
DO		E IN THIS SP	ACE	02022007 No Chg-LP 4. FEl Number 59-2534695 5. Certificate of Status Desired	CR2E003 (12/06) CR2E003 (12/06) Applied For Not Applica S8.75 Additional Fee Required
LYNCH, J CR/ 7575 DR. PHIL	LLIPS BLVD. IILLIPS PLACE	ont Registered Agent		DO NOT WI IN THIS SP	
the obligations	ed entity submits this stateme of registered agent.	nt for the purpose of changing its reginger and bile if appicable.	stered office or register	ed agent. or both, in the State of Flori	da. I am familiar with, and acco DATE
	After May	IOW!!! FEE IS \$500.00 1, 2007, Fee will be \$900.00 R THAT IS A BUSINESS ENTIT			OFFICE.
NAME PH STREET ADDRESS 75		MAY NOT be changed on the f	orm; an amendmer	nt must be filed to change a ger	neral partner
DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP				DO NOT WR IN THIS SPA	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS					
CITY-ST-ZIP 14. I hereby certi indicated on t or the receive	ly that the information supplies his report is true and accurate r or trustee emowered to exe	d with this filing does not qualify for it and that my signature shall have the cute this report as required by Chapte	ne exemptions containe same legal effect as if r er 620, Florida Statutes	ed in Chapter 119, Florida Statutes. I nade under oath; that I am a Genera	further certify that the informati Partner of the limited partners

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