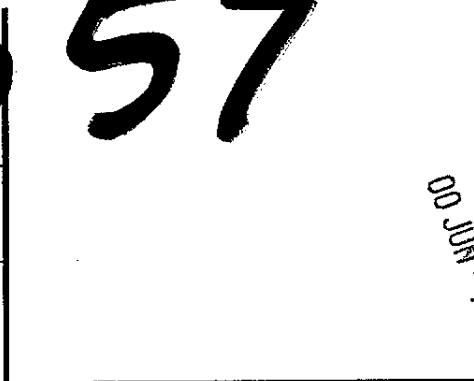


*Suzanne R. Reed*  
Registrar Name

# A 21557

Address

City/State/Zip Phone #



Office Use Only

RECEIVED  
DEPARTMENT OF CORPORATIONS  
DIVISION OF REGISTRATIONS  
00 JUN -7 PM 3:51

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Colonial Village Shopping Center,  
(Corporation Name) (Document #)

2. Ltd LLC  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Mail out
- Will wait
- Photocopy

- Certified Copy
- Certificate of Status

RECEIVED  
00 JUN -7 AM 11:19  
DEPARTMENT OF CORPORATIONS  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

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**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other *FL LLC Qualification*

*BK 6/7*

Examiner's Initials

STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN -7 PM 3:51

1. The name of the limited partnership as identified in the records of the Florida Department of State  
COLONIAL VILLAGE SHOPPING CENTER, LTD.

Insert limited partnership's Florida document number: A21557

or

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

2. Suffix adopted for the above named partnership: LLLP  
(LLP, L.L.P.)

3. The street address of its chief executive office: 4601 Ponce de Leon Blvd., Suite 300  
(if different from current recorded address): Coral Gables, Florida 33146-2112

4. The street address of principal office in Florida: 4601 Ponce de Leon Boulevard, Suite 300  
(if different from above) Coral Gables, FL 33146-2112

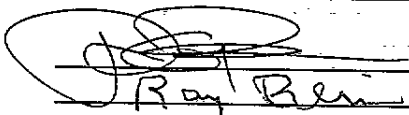
5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:  
 as of the date this document is filed with the Florida Secretary of State  
or  
 a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:  
BERRIN, ROBERT G.  
4601 Ponce de Leon Blvd., Suite 300  
Coral Gables, Florida 33146-2112

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 15<sup>th</sup> day of JUNE, 2000.

Signature of TWO Partners: 

Typed or printed names of partners signing above: ROBERT G. BERRIN  
Ray BERRIN

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