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LIMITED PARTNERSHIP AMENDMENT

SAM LEWIS, LLLP

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**AMENDED 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 State is: **SAM LEWIS, LLLP**, under Document Number **A27099**.
2. The complete name of the Limited Liability Limited Partnership entity after filing the Statement of Qualification shall be:

SAM LEWIS, LLLP

3. The street address of its chief executive office is:

P.O. Box 16206, Plantation, Florida 33318

4. The street address of the principal office in Florida is:

7540 Black Olive Way Tamarac Florida 33321

5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be the date this document is filed with the Florida Secretary of State.
7. The name and Florida street address of the limited liability limited partnership's agent for service of process is:

Corporate Creations Network, Inc.
A Florida corporation
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

The execution of this statement by the general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed on November 14, 2003.

JOSEPH M. LEWIS GROUP HOLDINGS, INC.,
a Florida corporation, General Partner

By: _____

SAMUEL B. LEWIS, Vice President

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