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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117

Phone : (305) 372-1350

Fax Number : (305) 372-1352

A30138

04 AUG -5 AM 9:43  
DIVISION OF CORPORATIONS

**LIMITED PARTNERSHIP AMENDMENT**

**W. T. OF PORT ORANGE, LTD.**

Certificate of Status	1
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CERTIFICATE OF AMENDMENT TO  
CERTIFICATE OF LIMITED PARTNERSHIP OF  
W.T. OF PORT ORANGE, LTD.  
A FLORIDA LIMITED PARTNERSHIP

In accordance with the applicable provisions of the Florida Statutes the undersigned, desiring to amend the Certificate of Limited Partnership (the "Certificate") and the Agreement of Limited Partnership for the above-named Florida limited partnership (the "Partnership"), hereby certify as follows:

1. NAME. The name of the Partnership is W.T. OF PORT ORANGE, LTD.
2. FILING OF CERTIFICATE. The Certificate was filed with the Florida Secretary of State on May 30, 1990 under Document Number A30138.

3. AMENDMENT. The Certificate is hereby amended as follows:

The name of the Partnership is hereby changed to SHANNON WOODS, LTD.

4. The foregoing Certificate of Amendment was adopted by the general partner of the Partnership. This Amendment is effective upon complete execution of this Certificate of Amendment, provided it is subsequently filed for record at the office of the Secretary of State of Florida, and upon such execution, this Amendment shall be deemed complete and such Certificate of Amendment shall become a provision of the Partnership Agreement and of the Certificate of Limited Partnership.

WITNESS our hands and seals as of this 4<sup>th</sup> day of August, 2004.

GENERAL PARTNER:

PORT ORANGE G.P., INC., a Florida corporation

By: Paul C. Steinfurth  
Paul C. Steinfurth, President

Carrie Ogden

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STATE OF FLORIDA  
COUNTY OF DADE



The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of August, 2004 by PAUL C. STEINFURTH, as President of PORT ORANGE G.P., INC., a Florida corporation, and he acknowledged executing the same in the presence of two subscribing witnesses freely and voluntarily under authority duly vested in him by said corporation. He is personally known to me or has produced \_\_\_\_\_ as identification.

My Commission Expires: 10-11-06

Carol Ogden  
Notary Public, State of Florida

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