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

1. GROSSMAN FAMILY LIMITED PARTNERSHIP
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
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Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
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<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2001 AUG 16 PM 10:39
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Examiner's Initials

**CERTIFICATE OF AMENDMENT
TO THE CERTIFICATE OF LIMITED PARTNERSHIP
OF
GROSSMAN FAMILY LIMITED PARTNERSHIP**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In accordance with the provisions of Section 620.109, Florida Statutes, this Florida Limited Partnership, whose certificate was filed with the Florida Department of State on September 12, 1997, adopts the following Certificate of Amendment to its Certificate of Limited Partnership.

FIRST:

The name of the limited partnership is amended to reflect a change in the limited partnership to be the **ALICE GROSSMAN FAMILY LIMITED PARTNERSHIP**

SECOND:

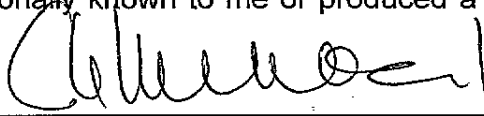
The mailing address and principal place of office of the Partnership shall be 14421 Sheridan Street, Ft. Lauderdale, FL 3

This Certificate of Amendment shall be effective at the time of its filing with the Florida Department of State.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal this 15th day of August, 2001


ALICE GROSSMAN
General Partner

SWORN TO AND SUSCRIBED before me this 15th day of August, 2001 by Alice Grossman, General Partner, who is personally known to me or produced a passport as identification.



Notary Public, State of Florida
My commission expires:



Cristina N. Menocal
MY COMMISSION # CC926118 EXPIRES
May 12, 2004
BONDED THRU TROY FAIN INSURANCE, INC.