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## LIMITED PARTNERSHIP AMENDMENT

## JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP

Certificate of Status	1 1
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Page Count	02
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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A9700002325
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited
2. Suffix adopted for the above named partnership: LLLP
3. The street address of its chief executive office: 36 W. Illiana Street
4. The street address of principal office in Florida 36 W. Illiana Street (if different from above)
5. The limited partnership hereby elects to be a limited liability limited partnership.
<ul> <li>δ. The effective date of this filing shall be:</li> <li><u>X</u> as of the date this document is filed with the Florida Secretary of State or</li> <li>a date later than the time of filing:</li> </ul>
<ol> <li>The name and Florida street address of the partnership's agent for service of process:</li> <li>H. Clay Lowry</li> </ol>
<u>36 W. Illiana Street</u> OrlandoFlorida
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 2nd day of <u>October</u> , 2001
Signature of TWO Partners:
Typed or printed names of partners signing above:
Filing Fee: \$25.00

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

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## GENERAL PARTNERS

**REVOCABLE LIVING TRUST AGREEMENT** OF JAMES R. LOWRY, SR. DATED 9/2/97 2 "non By: ne Lowry, Jr., Co-Trustee Ъ - Co - TRUSTE Joseph afd Lowry. stee CO TRI By: e, H. Clay Lowry, Co-Trustee CO-TEUSTE By: Mary Lane McKinney, Co-Trustee H. CLAY LOWRY