## Division of Corporations

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Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

Fax Number : (305)633-9696

## LIMITED PARTNERSHIP AMENDMENT

THE PROFESSIONAL CENTRE AT PEMBROKE LAKES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<b>\$52.50</b>

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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

TATE OF CTATE
1. The name of the limited partnership as identified in the records of the Florida Department of SECRETARY OF STATE THE Professional Centre at Pembroke Lakes, Ltd.
Insert limited partnership's Florida document number: A98000002747
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.
2. The complete name of the entity after filing Statement of Qualification shall be;
The Professional Centre at Pembroke Lakes, LLLP
(Must include LLI.P. or I., I., I., P.)
3. The street address of its chief executive office: 2116 N. E. 64th Street (if different from current recorded address):  FL Landerdale, FL 33308
(in the control of th
4. The street address of principal office in Florida:  (if different from above)
5. The limited partnership hereby elects to be a limited liability limited partnership.  6. The effective date of this filing shall be:    x
7. The name and Florida street address of the partnership's agent for service of process:  Marc Stanley
2116 N. E. 54th Street
Ft. Lauderdale Florida 33308
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 9th day of 2005.
Signature of TWO Partners:
Typed or printed names of partners signing above:    MARC > STANSY

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

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