

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

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## LIMITED PARTNERSHIP AMENDMENT

THE PROFESSIONAL CENTRE AT THE GARDENS MALL, LTD.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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| Estimated Charge      | \$52.50 |

## Hos 000 138870 FILED

## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

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| 1. The name of the limited partnership as identified in the records of the Floris The Professional Centre at the Gardens Mail, Ltd.                         | da Department SECRETARY OF STATE |
|---|----------------------------------|
| Insert limited partnership's Florida document number:   Associated Partnership, Affidavit of Capital Contributions at partnership filling fees.             | nd applicable limited            |
| 2. The complete name of the entity after filing Statement of Qualification shall  | ll be:                           |
| The Professional Centre at the Gardens Mall, LLLP   |                                  |
| (Must include LLLP or L.L.L.P.)   |                                  |
| 3. The street address of its chief executive office: 2116 N. E. 64th Street (if different from current recorded address): Ft. Lauderdale, VL 3330           | 98 <u> </u>                      |
| 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 partner  | rship.                           |
| 6. The effective date of this filing shall be:  x as of the date this document is filed with the Florida Secretary or a date later than the time of filing: | of State                         |
| 7. The name and Florida street address of the partnership's agent for service Marc Stanley  2116 N. B. 64th Street  Pt. Lauderdale , Florida 33308          | of process:                      |
| The execution of this statement as a partner constitutes an affirmation under the that the facts stated herein are true.  Signed this day of day of         | ne penalties of pérjury          |
| Typed or printed names of partners signing above:  Name (S. Spark)  Richard D.  | Gestz                            |

Filing Fee: \$25.00
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