DOC ID ----> 200618400588

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/03/2006	200618400588	AMENDMENT/LIMITED PARTNERSHIP (LPA)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

SQUIRE, SANDERS & DEMPSEY, L.L.P.
41 SOUTH HIGH STREET, SUITE 1300
COLUMBUS, OH 43215

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1444574

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

PLV ASSOCIATES, L.P.

and, that said business records show the filing and recording of:

Document(s)
AMENDMENT/LIMITED PARTNERSHIP

Document No(s):
200618400588

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of June, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

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Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

O Yes — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

O No — PO Box 1028, Columbus, OH 43216

Certificate of Amendment / Correction / Restated of Limited Partnership or Partnership Having Limited Liability or Disclaimer of General Partner Status

(Domestic or Foreign)
Filing Fee $50.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY THE APPROPRIATE BOX(ES)

(1) Limited Partnership Domestic ☑ Amendment (127-LPA) ☐ Restated (162-LPR)	(2) Limited Partnership Foreign ☐ Correction (136-FCR) _____ (Home State/Country)
(3) Partnership Having Limited Liability ☐ Domestic ☐ Foreign ☐ Correction (177-PLL) ☐ Restated (178-PLL)	(4) ☐ Cancellation of Disclaimer of General Partnership Status (130-LPS)

Complete the general information in this section for the box checked above

Name of Partnership: PLV Associates, L.P. (current name on record)

Registration No.: 1444574

Date Registered with Ohio Secretary of State: February 25, 2004 (Date)

Original Registration Date: 02/25/04 (Date)

Complete the information in this section if Restated is checked in box (1). If Amendment is checked, complete the information that applies.

The name of the limited partnership shall be

The address of the principal place of business of the partnership shall be:

1801 Clint Moore Road, Suite 210
(street address)

Note: P.O. Box Addresses are NOT acceptable.

Boca Raton (city, township, or village) | Florida (state) | 33487 (zip code)

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Complete the information in this section if Restated is checked in box (1). If Amendment is checked, complete the information that applies cont.

The name and business or residence address of each **GENERAL PARTNER** is:
(If insufficient space to cover this item, please attach additional sheet)

Name	Address	***Note: P.O. Box Addresses are NOT acceptable.***
TFG-PLV, Inc.	1801 Clint Moore Road, Suite 210, Boca Raton, FL 33487	

Other provisions (optional):

Complete the information in this section if box (2) is checked.

A Foreign Limited Partnership does hereby certify that the following statement contained in said limited partnership application for registration was false or inaccurate, and that such statement is to be corrected as follows:

The false or inaccurate statement is:

The correct or accurate statement is:

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Complete the information in this section if Restated is checked in box (3). If Correction is checked, complete the information that applies.

The name of the partnership shall be _____

Please complete the following appropriate section (either item A or B):

A. The address of the partnership's principal office in Ohio is:

(street address) ***Note: P.O. Box Addresses are NOT acceptable.***

_____, Ohio _____

(city, township, or village) (zip code)

(If the partnership does not have a principal office in Ohio, then item B and item C must be completed)

B. The address of the partnership's principal office (Non-Ohio):

(street address) ***Note: P.O. Box Addresses are NOT acceptable.***

_____ _____ _____

(city, township, or village) (state) (zip code)

C. The name and address of a statutory agent for service of process in Ohio is as follows.

(name of agent)

(street address) ***Note: P.O. Box Addresses are NOT acceptable.***

_____ ,Ohio _____

(city, township, or village) (zip code)

If this is a Foreign Limited Liability Partnership, please indicate the state or jurisdiction in which it has been created:

_____.

(Please note, the above item must only be completed if the Partnership Having Limited Liability is a Foreign Partnership Having Limited Liability.)

The business which the partnership engages in is.

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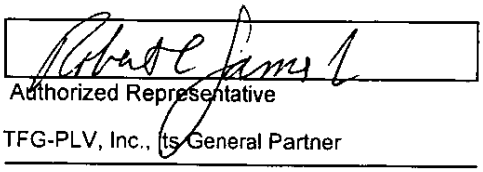
Complete the information in this section if box (4) is checked.
The date the Certificate of Disclaimer of General Partner Status in question was filed on: _____ (date)
The name of the person/entity identified in the Certificate of Disclaimer of General Partner Status filed on the date referenced in the line above is:

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**



Authorized Representative

TFG-PLV, Inc., its General Partner

(Print Name)
By: Robert A James, Jr., Vice President

June 27, 2006
Date