

## Florida Department of State

Division of Corporations Public Access System

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(((H08000107364 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

: (850)224-1640

Fax Number

001641.85617

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

STONE REAL ESTATE HOLDINGS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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04/23/2008 03:41:49 PM

To. The Florida Dept. of State Subject: 001641.85617

From: Ashley Smith

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SECRETARY OF STATE TALLAHASSEE FLORIDA

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Storie near recens normings, in		
(insert name currently on fil	le with Florida De	partment of State)
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certification becomber 5, 2000, adopts the folimited partnership.	cate was filed v	with the Florida Department of State on
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the ji here:	imited partners	hip or limited fiability limited partnership
(New name must be distinguish	able and contain	an acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: t		
B. If amending the registered agent and/or registened agent and/or the new registered office		ess on our records, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Ente	r Florida street address)
		. Florida
	(City)	(Zip Code)
	*-	• • •

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(If Changing Registered Agent, Signature of New Registered Agent)

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## H080001073643

C. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
	Stone Management	, Inc. 3600 Torney Pines Sarasota, FL 3423	
	Stone Management	, LLC 3600 Torrey Pines Sarasota, FL 3423	
		· · · · · · · · · · · · · · · · · · ·	Add Remove
••••••			Add Remove
· 			Add Remove
	47-44-5-7-6-5-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		Add Remove
limited partue  This Limit  This Limit	ership" status, enter change i ted Partnership hereby elects t ted Partnership hereby remov	inbility limited partnership is a here: to be a "Limited Liability Limited es its "Limited Liability Limited l mited parmership" status, all general	t Partnership," Partnership" status.
		change(s) here: (Attach additiona	
	· · · · · · · · · · · · · · · · · · ·		
		<del></del>	

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Effective date, if other than the date of filing:			
(Effective date cannot be prior to nor more than 90 day State.)	s ofter the date this do	ocument is filed by	the Florida Department of
Signature(s) of a general partner or all gen	ral partners*:		
("NOTE: Only one current general partner is required removing a "limited Hability limited partnership" election when adding or removing a "limited liability limited partnership".	on statement. Chapte	620, F.S., require	partnership is adding or s all general partners to sign
Sharon Petrik . Manager of	×'	Shoron	Petal_
Stone Management, LLC	-		······································
	·		
Signature(s) of all here or dissociating gener			Λ .
Sharon Petrik, Manager of	Χ <u>΄</u>	Sharon	tetul_
Stone Management, .LLC	·		- <del></del>
	<del></del>		

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