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To:

Division of Corporations

Fax Number : (850)6

: (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

TAMPA INDUSTRIAL PARTNERS, LIMITED PARTNERSHIP

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

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Corporate Filing Menu

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G. MCLEOD

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EXAMINE?

RECEIVED

SECRETARY OF STATE /ISION OF CORPORATIO Fax Server

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

Tampa Industrial Partners, Limited Partnership

Insert name currently o	n file with Florida i	Department of State			
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer June 23, 2005, assigned adopts the following certificate of amendment	tificate was filed Florida documen	with the Florida Department of number	of State on		
This amendment is submitted to amend the following	og:				
A. If amending name, enter the new name of the	e limited partne	ship or limited liability limited	partuership		
Tampa Indus	strial Partner	s, LLLP			
New name must be disting	rishable and contain	an acceptable suffix.			
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe			LP.		
B. If amending mailing address and/or printing principal office address here:	cipal office add	ress, <u>enter new mailing addr</u>	GS SECTION OF SECTION		
New Principal Office Address:					
(Must be STREET address)					
New Mailing Address: (May be post office box)			OR STATE		
C. If amending the registered agent and/or regi	stered office add	ress on our records enter the	- 9		
new registered agent and/or the new registered of			Mile or the		
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida street address					
<u> </u>		, 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

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

-	<u> </u>
	
	· - · · - -
	Add Remove
	Add Remove
	Add Remove

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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F. If amending any other inf	ormanon, ente	a cuanget:	nane: [riniscri (#46#1	ины эпеск,	y necessary.)
	<u> </u>					
	·				·	
		·				··
				·		
Effective date, if other than the d. (Effective date cannot be prior to nor m State.)	ate of filing: ore than 90 days	after the de	ate this doc	cument is filed	l by the Flori	da Department of
Signature(s) of a general partne	er or all gener	ral partn	ers*:			
(*NOTE: Only one current general par removing a "limited liability limited par when adding or removing a "limited liab	tnership" election	n statement	. Chapter	620, F.S., req	ited partnersh ulres all gene	ip is adding or ral partners to sign
11 th						
Aut They						
PHILLIP GLASSMAN, PRESIDER HURRICANE ASSET MANAGEMENT		ON,				
GENERAL PARTNER OF THE LLI	P					
						
						
Signature(s) of all new or dissoc	iating genera	<u>l partner</u>	(s), if an	Y :		
						· · · · · · · · · · · · · · · · · · ·
				<u> </u>		
						
Filing Fee:	\$52.50					
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75					