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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

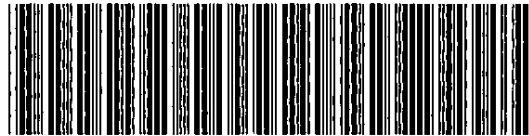
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/08--01049--007 **113.75

05/29/08--01004--012 **25.00

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08 AUG 15 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 18 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEA FAMILY PARTNERS, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

C/O AMBER JADE F JOHNSON, ESQUIRE

(Contact Person)

AMBER JADE F JOHNSON, PA

(Firm/Company)

1201 S ORLANDO AVENUE, SUITE 350

(Address)

WINTER PARK, FL 32789

(City, State and Zip Code)

For further information concerning this matter, please call:

AMBER JADE F JOHNSON, ESQUIRE

(Name of Contact Person)

at (407) 786-2388

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☒ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2008

AMBER JADE F JOHNSON, PA
1201 S ORLANDO AVE
STE 350
WINTER PARK, FL 32789

SUBJECT: SEA FAMILY PARTNERS, LTD.
Ref. Number: A05000001861

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SEA FAMILY PARTNERS, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00033984

**LAW OFFICES OF
AMBER JADE F. JOHNSON, P.A.**
ATTORNEY and COUNSELOR AT LAW

1201 S. ORLANDO AVENUE, SUITE 350, WINTER PARK, FLORIDA 32789
TELEPHONE: 407.786.2388 FACSIMILE: 407.629.2055
e-mail: attorneyaj@aol.com

VIA UPS

August 15, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attention: Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Re: Sea Family Partners, Ltd.

Dear Ms. Hampton:

Enclosed please find the following:

1. Cover letter;
2. Certificate of Amendment to Certificate of Limited Partnership of Sea Family Partners, Ltd.;
3. Sea Family Partners check in the amount of \$113.75;
4. Copy of your cover letter, dated May 30, 2008, requesting \$750.00 to cover the annual report fee;
5. Sea Family Partners check in the amount of \$758.75;
6. 2008 Limited Partnership Annual Report for Sea Family Partners, Ltd.

We hope that these documents will take care of getting Sea Family Partners, Ltd. up to date with your records.

Please feel free to contact our office should you have more questions. Our office number is (407) 786-2388.

Very truly yours,



Valerie L. Williams, FRP
Florida Registered Paralegal
Paralegal to Amber Jade F. Johnson
VLW/vlw
Enclosures
cc: client/file

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

SEA FAMILY PARTNERS, LTD.

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on OCTOBER 4, 2005, assigned Florida document number A05000001861, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

(New name must be distinguishable and contain an acceptable suffix.)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

_____, Florida

(City)

(Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
G	SEAFP II, INC.	1201 S ORLANDO AVENUE SUITE 350 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
G	SEAFP, INC	1201 S ORLANDO AVENUE SUITE 350 WINTER PARK, FL 32789	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SOUTH FLORIDA
TALLAHASSEE
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

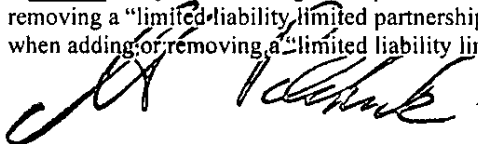
(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



SEAFP II, INC.

By: STEVEN PILCHICK, PRES.

SEAFP, INC.

By: STEVEN PILCHICK, PRES.

Signature(s) of all new or dissociating general partner(s), if any:


New:



SEAFP II, INC.

By: STEVEN PILCHICK, PRES.

Dissociating:



SEAFP, INC.

By: STEVEN PILCHICK, PRES.

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

\$113.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA