

**A 09 975**  
Florida Department of State  
Division of Corporations  
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To: 000409.178705  
 Division of Corporations  
 Fax Number : (850) 617-6383

From:  
 Account Name : CORPDIRECT AGENTS, INC.  
 Account Number : 110450000714  
 Phone : (850) 222-1173  
 Fax Number : (850) 224-1640

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
HIGHLAND APARTMENTS, LTD. II**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$105.00

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**B. KOHR**

JAN 3 2012

**EXAMINER**

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FILED  
12 DEC 31 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**HIGHLAND APARTMENTS, LTD. II**

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 January 26, 1981, assigned Florida document number A 09975 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:

N/A

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)

N/A

New Mailing Address:  
(May be post office box)

N/A

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:

Crystal L. Mathis

New Registered Office Address:

N/A

Enter Florida street address

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**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.*

  
Crystal L. Mathis  
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>
_____	Park Place Professionals, LLC	300 West Dixie Avenue Leesburg, FL 34748	[ x ] Add [ ] Remove
_____	L12000150299 Filed 11/30/2012		
_____	Flora Jo Haber (deceased)	300 West Dixie Avenue Leesburg, FL 34748	[ ] Add [ x ] Remove

**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.)*

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

1) The General Partner shall be the Tax Matters Partner ("TMP") with all of the responsibilities and obligations of a TMP as provided in the Tax Equity and Fiscal Responsibility Act of 1982 ("TEFRA") and the rules and regulations promulgated under TEFTA and such TPM shall be solely responsible for representing this Partnership before the Internal Revenue Service and all other applicable agencies, but shall keep all partners reasonably informed thereof.


2) All Limited Partners have consented to all of the provisions of this Amendment.

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.)

Park Place Professionals, LLC, General Partner

By:   
Crystal L. Mathis, Manager

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

\_\_\_\_\_  
\_\_\_\_\_ N/A \_\_\_\_\_

Filing Fee: \$52.50  
Certified Copy (optional) \$92.50  
Certificate of Status (optional) \$8.75

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