Division of Corporations Electronic Filing Cover Sheet

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(((H110001604303)))



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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

JUN 17 2011

From:

Account Name : PROSKAUER ROSE LLP

Account Number : 074673001063

Fax Number

: (561)995-4779 : (561)241-6734 **EXAMINER**

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

*****	Address:			

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION LEEDSBRO MANAGEMENT PARTNERS, LLLP

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Certified Copy	1
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Estimated Charge	\$113.75

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

LEEDSBRO MANAG	EMENT PARTNE	RS, LLLP			
Insert name currently on f	ile with Florida Departmen	nt of State			
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif May 17, 2011 adopts the following certificate of amendment to	ficate was filed with the orida document number	e Florida Depa er <u>A110</u>	rtment of 0000037	'State	on —,
This amendment is submitted to amend the following:	: .				
A. If amending name, <u>enter the new name of the here</u> :	limited partnership or	limited_liability	<u>limited p</u>	artner	rship
LEEDSBRO CAPIT	TAL PARTNERS	I, LLLP			
New name must be distinguis	shable and contain an accep	ptable suffix.			
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or : Limited Liability Limited	Ltd. Partnership, L.L.L	P. or LLL	P .	
B. If amending mailing address and/or princ principal office address here:	ipal office address, <u>e</u>	nter new maili	ng addre	es and	d/or
New Principal Office Address: (Must be STREET address)	101 Plaza Real S Royal Palm Place Boca Raton, FL 3	, Suite 220		- -	
New Mailing Address: (May be past office bax)	101 Plaza Real S Royal Palm Place Boca Raton, FL 3	Suite 220		- - -	
C. If amending the registered agent and/or regis new registered agent and/or the new registered off	nered office address on ice address here:	our records, <u>er</u>	iter the n	ame o	<u>f the</u>
Name of New Registered Agent:				_	
New Registered Office Address:			- 7 <u>7</u> 8	_ ===	
	Enter Florida	street address		MO	****
·	City	, Florida <i>Zip</i>	Code	-6	* * **********************************
•	•	•	E C	P	T
			FL:ST	ي ري	

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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.

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>	Name	<u>Address</u>	Type of Action
			Add Remove
			_ Add _ Remove
			Add Remove
			_
	-		Add Remove
			Add Remove
			_

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

Ш	This Limited Partnership hereby elects to be	a "Limited Liability Limited Partnership."
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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.)

		•										
JUN	16	2011	12:16	PM F	FR	PROSKAUER	ROSE	561	241	7145	TO	9095#99999080#18 P.04/04
												(((H11000160430 3)))

F. If amending any other information, ente	r 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 State.)	after the date this document is filed by the Florida Department of
Signature(s) of a general partner or all gene	ral partners*:
(*NOTE: Only one current general partner is required	to sign this document unless the limited partnership is adding or on statement. Chapter 620, F.S., requires all general partners to sign
LEEDSBRO MANAGEMENT, LLC	
BY: MT Carr	
Name: Robert Leeds	
Title: managing member	
Signature(s) of all new or dissociating gener	al partner(s), if any:
<u> </u>	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	