

A97000000504

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Florida Shelf Project #16 Limited
(Corporation Name) (Document #)

800002109518--9
-03/11/97--01031--010
****210.00 ****105.00

2. Partnership
(Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
97 MAR -6 PM 1:30
DIVISION OF CORPORATION

FF \$52.50
Cert \$52.50
A97-504
CR 37

Name Availability	CR 37
Document Examiner	CR
Updater	CR
Updater Verifier	CR
Acknowledgement	CR

Examiner's Initials	W. P. Verifier
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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
FLORIDA SHELF PROJECT #16 LIMITED PARTNERSHIP

FILED
07 MAR - 4 11 30 CT
SECRETARY OF STATE

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), the undersigned, being the sole general partner of FLORIDA SHELF PROJECT #16 LIMITED PARTNERSHIP, does hereby duly execute and file with the Florida Secretary of State this Certificate of Amendment to Certificate of Limited Partnership.

1. The name of the limited partnership is FLORIDA SHELF PROJECT #16 LIMITED PARTNERSHIP.
2. The date of filing of the original Certificate of Limited Partnership was February 27, 1997.
3. This Certificate of Amendment to the Certificate of Limited Partnership is being filed to reflect a change in the name of the Limited Partnership to:

COACH HOMES-BOCA RATON LIMITED PARTNERSHIP

and to reflect a name change of the sole general partner from FLORIDA SHELF #16 GP, L.C. to:

COACH HOMES-BOCA RATON GP, L.C.

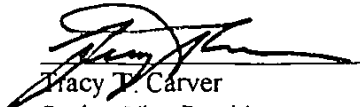
4. Except as hereby amended, the Certificate of Limited Partnership shall remain the same

IN WITNESS WHEREOF, the sole general partner has executed this Certificate of Amendment to Certificate of Limited Partnership on the 5th day of March, 1997.

SOLE GENERAL PARTNER:

COACH HOMES-BOCA RATON GP, L.C.,
a Florida limited liability company
General Partner

By: Hearthstone Advisors, Inc.,
a California corporation
Manager, an authorized representative

By: 
Tracy T. Carver
Senior Vice President

FILED
MAY 18 2011
11:27 AM
CLERK OF DISTRICT COURT
MAY 18 2011

A9700000570

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury which are subject to refund. The following information is submitted to substantiate the claim.

Name: Joe T. Martin, P.A. EIN or SS#: _____

Address: 416 South First Street
Lake Wales, FL 33859-0949

RECEIVED
MAR 10 AM 8:51
DIVISION OF CORPORATIONS

Amount: \$1,689.75 Date Paid 02/24/97

Reason for claim: Paid fee based on general partners capital contributions and

DOS fees are based on limited partners fees.

(Rawlings Family Limited Partnership #A9700000570)Cathy Mitchell, Reg. Sec.

Certified true and correct this _____ day of _____, 19 _____.

Signature **SEE ATTACHED**

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 1,689.75

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01104-001 dated 02-24-97

Name of Account _____
4520213000145300000000010000

Statutory Authority for Collection _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

A9700000570

JOE L. MARTIN
ATTORNEY AT LAW
POST OFFICE BOX 949
LAKE WALES, FLORIDA 33859-0949

February 19, 1997

OFFICE LOCATION:
416 SOUTH FIRST ST.
TELEPHONE:
(341) 676-6085

Secretary of State
Div. of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Rawlings Family Limited Partnership

800002095676--3
-02/24/97-01104--001
***1838.50 ***1638.50

Dear Sir:

CM

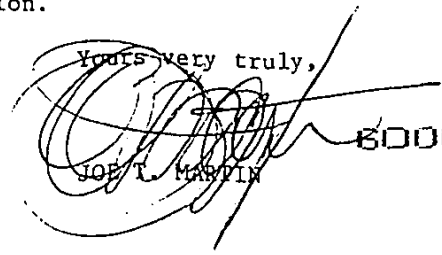
Enclosed are original and copy of Articles of Agreement for the Rawlings Family Limited Partnership, and original and one copy of the Certificate of Registered Agent form.

The amount of property the partnership will begin business is in excess of \$250,000.00. I enclose check for \$1,838.50 to cover the cost of maximum tax of \$1,750.00 and \$53.50 for sixteen pages for certified copy of articles of partnership and \$35.00 for registered agent fee.

FILED
07
FEB 24 1997
TALLAHASSEE, FLORIDA

Please send a certified copy of the Articles and Registered Agent with the filing information.

Thank you for your cooperation.

Yours very truly,

JOE L. MARTIN

800002095676--3
-02/24/97-01104--001
***1838.50 ***1638.50

\$148.75

JTM:bjm
encl.



JOE T. MARTIN, P.A.
ATTORNEY AT LAW
POST OFFICE BOX 949
LAKE WALES, FLORIDA 33859-0949

March 4, 1997

OFFICE LOCATION:
416 SOUTH FIRST ST.
TELEPHONE:
(941) 676-6085

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
Attn: Cathy A. Mitchell, Corporate Specialist

Re: Rawlings Family Limited Partnership
Reference No: W97000004476

Dear Ms. Mitchell:

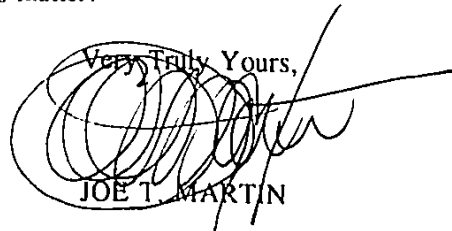
Enclosed is a Certificate of Limited Partnership and Affidavit of Capital Contributions, executed by the general partners. I enclose copy of your letter returning the agreement, and copy of my letter of February 19, 1997, enclosing the check in the amount of \$1,838.50.

Since the limited partners are making no contributions, and do not anticipate making any, the minimum stamps of \$52.50 would be required, rather than the \$1,750.00 maximum.

We request a certified copy of the Certificate showing the registered agent.

The \$52.50 for stamps, \$52.50 for a certified copy, and \$35.00 for registered agent and \$8.75 for the Certificate, totaling an amount due of \$148.75. You have \$1,838.50, therefore, we request a refund of \$1,689.75.

Please file and certify the enclosed Certificate and return to me with the refund of \$1,689.75. Thank you for your assistance in this matter.

Very Truly Yours,

JOE T. MARTIN

JTM/emr