Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000086275 3)))



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To:

Please retain original filing

Division of Corporations : (850)617-6383

date of submission 15

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number : (850)878-5368

Fax Number

**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 SIMPLEXGRINNELL LP

Certificate of Status	0
Certified Copy	0
Page Count	946
Estimated Charge	\$52.50

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APR 20 2010

EXAMINER

4/15/2010



April 16, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SIMPLEXGRINNELL LP ONE TOWN CENTER ROAD BOCA RATON, FL 33486

SUBJECT: SIMPLEXGRINNELL LP

REF: B01000000134

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return 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) 245-6094.

Agnes Lunt Regulatory Specialist II

FAX Aud. #: H10000086275 Letter Number: 510A00009406

RE-SUBMIT
Please retain original filing
date of submission

COVER LETTER

TO:	Registration Division of	Section Corporations		
SUBJE		SimplexGrinnell LI		
	I	Name of Foreign Limited P	artnership or Limited Liabi	lity Limited Partnership
The en-	clos e d amen	dment and fee(s) are si	ubmitted for filing.	
Please	return all co	respondence concerní	ng this matter to:	
		Contact Person		
		Firm/Company		
	······································	Address		
		City, State and Zip Code		
E-n	nail address: (to	be used for future annual	report notification)	
For furt	her informat	ion concerning this ma	atter, please call:	
			at ()	
	Name of Co	ntact Person	Area Code and Dayti	me Telephone Number
Enclose	d is a check	for the following amo	unt:	
\$52.5	0 Filing Fee	\$61.25 Filing Fee and Certificate of Stems	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee,	FL 32314	
Tallaha	ssee, FL 323	108		

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or appears on the records of the Florida Dep	r limited liability limited partnership as it artment of State is:
2. The jurisdiction of its formation is:	Delaware
3. The date the entity was authorized to s	ransact business in Florida is: 04/10/2001
4. If the amendment changes the name of limited partnership, enter the new name:	f the limited partnership or limited liability
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership or LLLP.	Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P.
each general partner:	partner(s), list the name and business address of
Name:	Business Address:
TR Grinnell GP Holding, LLC	One Town Center Road
	Boca Raton, FL 33486
	m09-4420
·	

6. If the amendment changes the j	urisdiction of c	organization, indicate new jurisdiction:	
7. If the amendment corrects any statement being corrected and the		listed in the application, indicate the	•
8. If the amendment is to add or departnership statement, check the ap		n to be a limited liability limited	TI TI
The entity elects to	be a limited lia	bility limited partnership.	页页
The entity is no long	ger a limited lia	ability limited partnership.	E O
9. Attached is an original certificat aforementioned amendment(s), dul records in the jurisdiction under the	y authenticated	by the official having custody of	္သ
10. Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.)		er the date this document is filed by the Florid	a
Signature of a seneral partner:		_	
Typed or printed name:			
Chris Maxie	<u>.</u>		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STR GRINNELL GP HOLDING, LLC" IS DULY REGISTERED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4750687 8300

100395505

AUTHENTICATION: 7937896

DATE: 04-19-10

rou may versty unia cartificate onli: at corp.delaware.gov/authver.ahtml