

B99 00000047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

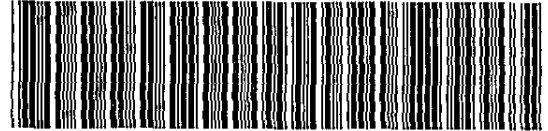
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/04/05--01051--023 \*\*157.50

RECEIVED FILED  
05 FEB -4 PM 10:58  
05 FEB -4 PM 5:38  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**FILE FIRST!**

CONTACT: KATIE WONSCH

DATE: 2/4/05

REF. #: 0626.34499

CORP. NAME: JEFFERSON AT THARPE LIMITED PARTNERSHIP

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

FILED  
PH 5:38  
05 FEBRUARY  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 157.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY (2) | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS         |   |   |

Examiner's Initials

**CERTIFICATE OF AMENDMENT  
TO  
APPLICATION FOR REGISTRATION  
OF**

Jefferson at Tharpe Limited Partnership

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows:

The name of the limited partnership is EDR Tharpe Limited Partnership.

**FILED**  
05 FEB - 4 PM 5:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(Signature of a General Partner)

See Attached Signature Page

(Typed or printed name of General Partner signing above)

STATE OF Georgia

COUNTY OF Fulton

On this 31st day of January, 2005, Paul O. Bower personally appeared before me,

who is personally known to me

whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_  
*Judith A. Newe*

(Notary Public Signature)

\_\_\_\_\_  
*Judith A. Newe*

(Notary's Printed Name)

Seal

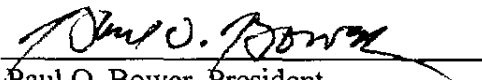
My Commission Expires:

Notary Public, DeKalb County, Georgia  
My Commission Expires May 20, 2006

Signature Page EDR Tharpe Limited Partnership

EDR Tharpe, LLC,  
a Delaware limited liability company, its general partner

By: EDR Tharpe, Inc.,  
a Delaware corporation, its managing member

By:   
Paul O. Bower, President

Date: 1/31/05