

A00000001796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

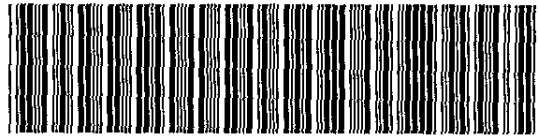
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/05--01006--013 **61.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 AUG -1 P 12:44

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE INDIAN ANCESTRAL TRUST FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership)

DOCUMENT NUMBER: 65-1047310

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCECIA SCOTFORD
(Name of Person)

(Firm/Company)

6101 NE 3 AV
(Address)

FORT LAUDERDALE FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

L. SCOTFORD at 917 622-0338
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRET
TALLAHASSEE, FLORIDA

2005 AUG -11 P 12:44

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July 28, 2005

Dept. of State
Division of Corp.
P.O Box 6327
Tallahassee, Florida 32314

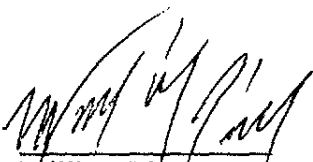
Re: Amendment and Certificate of Status

To Whom It May Concern:

I am enclosing a check In the amount of 61.25, for the following:

- 1- I am requesting a last name change for the limited partner (enclosed copy of her marriage certificate)
- 2- A certificate of Status.

Thank you.



William Pinney
General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please Return all the Documents to:

Lucrecia E. SCOTTFORD
6101 NE 3 AV
FT. Lauderdale FL 33334

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

THE INDIAN ANCESTRAL TRUST Family Limited Partnership

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

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on 10/28/00, adopts the following certificate of amendment to its certificate of limited partnership.

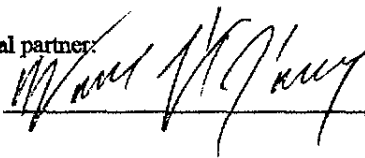
FIRST: Amendment(s): (indicate article number(s) being amended, added, or deleted)

1- Please change the name of the Limited Partner to: LUCRECIA E. SCOTFORD
I have enclosed her Marriage Certificate

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State

THIRD: Signature(s)

Signature of current general partner:



Signature(s) of new general partner(s), if applicable:

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2005 AUG -1 P 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

STATE OF FLORIDA, COUNTY OF DADE
 THIS IS TO CERTIFY THAT THE FOREGOING IS A
 TRUE AND CORRECT COPY OF THE DOCUMENT
 ON FILE IN MY OFFICE IN THIS OFFICE
 WITH THE ORIGINAL AND OFFICIAL SEAL
 OF THE CLERK OF THE CIRCUIT COURT
 OF THE COUNTY OF DADE, FLORIDA
 BY Sharon S. Ratter
 CLERK OF CIRCUIT COURT



2003-014114

BK/PG: 0415/02538 JUNE 23, 2003

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) MARK ALAN SCOTFORD			2. DATE OF BIRTH (Month, Day, Year) APR 14, 1966	
3a. RESIDENCE - CITY, TOWN, OR LOCATION NEW YORK	3b. COUNTY NEW YORK	3c. STATE NEW YORK	4. BIRTHPLACE (State or Foreign Country) UNITED KINGDOM	
5a. BRIDE'S NAME (First, Middle, Last) LUCRECIA TERESA ESTEVES			6. DATE OF BIRTH (Month, Day, Year) NOV 23, 1956	
7a. RESIDENCE - CITY, TOWN, OR LOCATION NEW YORK	7b. COUNTY NEW YORK	7c. STATE NEW YORK	8. BIRTHPLACE (State or Foreign Country) CUBA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
 ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
 NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>Mark Scotford</u>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 23, 2003
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <u>Sharon S. Ratter</u>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>Lucricia Teresa Esteves</u>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 23, 2003
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <u>Sharon S. Ratter</u>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
 A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLICIT THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
 BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED JUNE 23, 2003	19. DATE LICENSE EFFECTIVE JUNE 23, 2003	20. EXPIRATION DATE AUG 21, 2003
20a. SIGNATURE OF COURT CLERK OR JUDGE <u>HARVEY RUVIN, CLERK</u>		20b. CITY MIAMI	20c. BY D.C. <u>Sharon S. Ratter</u>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) JUNE 23, 2003	22. CITY, TOWN, OR LOCATION OF MARRIAGE CORAL GABLES
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>Manolo Rebozo</u>	23b. ADDRESS OF person performing ceremony 3100 PONCE DE LEON
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (If notary stamp) MANOLO REBOSO DEPUTY CLERK	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>Sharon S. Ratter</u>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>Sharon S. Ratter</u>

GROOM	26. SOCIAL SECURITY NUMBER 593-63-2399	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c 29a. NO. OF THIS MARRIAGE 02	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) MAR 29, 2000
	BRIDE	30. SOCIAL SECURITY NUMBER 266-25-5040	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c 33a. NO. OF THIS MARRIAGE 02	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE