Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION VENICE PARTNERS, LTD.

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B. BOSTICK

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Corporate Filing Menu

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MAR 2'8 2011

EXAMINER

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

		Partners, Ltd.			
Insert name curr	ently on f	ile with Florida Departi	nent of State		
Pursuant to the provisions of section 620 limited liability limited partnership, who 01/25/2001 assi	se certif	icate was filed with	the Florida D	epartment of	State on
adopts the following certificate of amend	lment to	its certificate of lin	nited partnersh	ip.	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new nambere:	e of the	limited partuership	or limited liabi	ility limited pa	artnership
New name must be	distinguis	hable and contain an ac	ceptable suffix.		
Acceptable Limited Partnership suffixes: Limitea Acceptable Limited Liability Limited Partnership	Partners	hip, Limited, L.P., LP.	or Ltd.	L.L.P. or LLLI	₹,
B. If amending mailing address and/o principal office address here:	r princi	ipal office address,	enter new m	ailing addres	s and/or
New Principal Office Address) (Must be STREET address)	ress:	c/o Boston Fina 101 Arch Street Boston, MA 02	13th Floor	nent Manage	ment, LP
New Mailing Address: (May be post office box)		c/o Boston Final 101 Arch Street Boston, MA 02:	13th Floor	ent Manage	ment, LP
C. If amending the registered agent and/onew registered agent and/on the new registered.	or regist ered offi	ered office address oce address here:	on our records	enter the na	is in
Name of New Registered Agent:	<u>CT C</u>	Corporation System	n	<u> </u>	· co
New Registered Office Address:	1200	South Pine Island Enter Flori	d Road da street addres	IR IN	. <u>.</u>
		Plantation	, Florida _	33324	
		City		Zip Code	

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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 Rogillet 32 Erresident

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

	Title	Name	Address	Type of Action	
	<u>GP</u>	Shelter Venice Cove LLC	1600 Hopkins Crossroad Minnetonka, MN 55305	_ Add ✓ Remove	
	GP	BFIM Venice Homes GP. Inc.	c/o BFIM. LP 101 Arch Street, 13th Floo Boston, MA 02110	Add Remove	
			F11000001227	Add Remove	
				Add Remove	
		<u> </u>		Add Remove	
				Add Name HAR	econ Chang
		d partnership or limited liability hip" status, enter change here:	limited partnership is amendi	Ing its "limited liab	ility [7]
	This Limit	ted Partnership hereby elects to be a	"Limited Liability Limited Part	tnersbip.	
	This Limit	ted Partnership heroby removes its '	Limited Liability Limited Parts	terahip" effetus,	
NOTE	ij If adding	or removing" limited Hability limited par	inership" status, all general partners	t must sign this amendme	ent.)

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F. If mnending any other information, enter change(s) here: (Attach	uddinowi sidoli, y noticediyy	
Billective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document state)	is filed by the Flortda Department of	
Signature(s) of a general partner or all general partners*: ("NOTE: Only one current general partner is required to sign tills document unless if removing a "limited liability limited partnership" election statement. Chapter 620, F.: when adding or removing a "limited liability limited partnership" election statement.)	ne limited partnership is adding or Su requires all general pariners to sign	
SHELTER VENICE COVE LLC		
Signature(s) of all new or dissociating general partner(s), if any:		
FIN VEHICA HONES GP, Inc.	SH TALL	
ENNETH J. CUTILLO, PRESIDENT	HAR 25 GRUFARI AFTASSE	Character of Chara
Tling Fee: \$52.50 . Certified Copy (optional): \$62.50 Certificate of Status (optional): \$8.75	AM 8: 02 OF STATE E. FLORID/	الماسية