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(Address)

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(City/State/Zip/Phone #)

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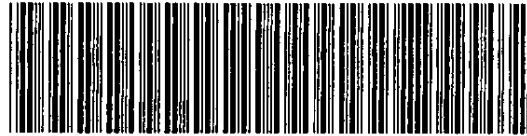
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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N. Culligan MAY - 4 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zemkoski Family Partnership, LLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

Rex. E. Moule, Esquire

\_\_\_\_\_  
Contact Person

Moule & Moule, LLP

\_\_\_\_\_  
Firm/Company

2287 W. Eau Gallie Blvd., Suite B

\_\_\_\_\_  
Address

Melbourne, FL 32935

\_\_\_\_\_  
City, State and Zip Code

rmoule@moulelaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kay G. Stanley

at ( 321 ) 254-3232

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee      ☐ \$61.25 Filing Fee  
and Certificate of      ☐ \$105.00 Filing Fee      ☐ \$113.75 Filing Fee.  
Status      and Certified Copy      Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**FIRST AMENDED AND RESTATED  
CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
ZEMKOSKI FAMILY PARTNERSHIP, LLLP  
A FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

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1. Name of Limited Partnership:

Zemkoski Family Partnership, LLLP,  
formerly known as Zemkoski Family Partnership, Ltd., a limited partnership

2. Street Address of Initial Designated Office:

1401 Marie Street  
Malabar, Florida 32950

3. Mailing Address of Initial Designated Office, if different from the Street Address:

Not Applicable

4. Name and Street Address of Initial Registered Agent:

Rex E. Moule, Esquire  
2287 W. Eau Gallie Blvd., Suite B  
Melbourne, FL 32935

5. Name and Business Address of Each General Partner:

<u>NAME</u>	<u>BUSINESS ADDRESS</u>
Zemkoski Management Corp.	1401 Marie Street Malabar, Florida 32950

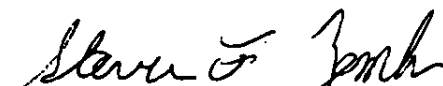
6. If the limited partnership elects to be a limited liability limited partnership, check box ☒

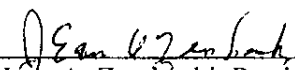
7. Effective Date, if other than date of filing: Not Applicable

Signed this 7th day of Sept., 2006.

Attest:

**GENERAL PARTNER:**  
Zemkoski Management, Corp.

  
Steven F. Zemkoski, Secretary

By:   
Jean A. Zemkoski, President

## REGISTERED AGENT

I, **Rex E. Moule**, 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.



Registered Agent

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