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OCT 2 7 2010

EXAMINER

ROBY LAW FIRM

RONALD H. ROBY RHR@RONALDHROBYESQUIRE.COM MATTHEW H. ROBY MHR@MATTHEWROBY.COM 201 WEST CANTON AVENUE • SUITE 275 P.O. BOX 2855 WINTER PARK, FLORIDA 32789



TELEPHONE: (407) 647-8065 FAX: (407) 647-3880

October 25, 2010

Via Federal Express Overnight Delivery Tracking No.: 8729 2098 9740

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

RE: Ralph and Alda Priep Family Limited Partnership

Dear Sir or Madam:

Please find enclosed the following documents for filing with your office:

- 1. Cover Letter
- 2. Certificate of Amendment to Certificate of Limited Partnership of Ralph and Alda Priep Family Limited Partnership

We have also enclosed our firm's check number <u>/brv</u> in the amount of Sixty One Dollars and Twenty Five Cents (\$61.25) which represents the filing fee and certificate of status.

If you have any questions or concerns in this regard, please contact this office.

Very truly yours,

Melissa Escoffery, Legal Assistant to

Ronald H. Roby

Enc.

cc: Karen Priep Gary Schroeder

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ		Ida Priep Family Limited Partnership ited Partnership or Limited Liability Limited Partnership				
		·				
The ei	nclosed Certificate of Amendr	nent and fee(s) are submitted for filing.				
Pleasc	e return all correspondence cor	ecerning this matter to:				
	Karen A. Priep					
	Contact Person					
	Firm/Company					
	4505 S. Shore I	Road				
	Address					
	Orlando, FL 32839					
	City, State and Zip	Code				
E	-mail address: (to be used for future	annual report notification)				
For fu	rther information concerning t	his matter, please call:				
	Karen A. Priep	at (<u>407</u>) 902-1237				
	Name of Contact Person	Area Code and Daytime Telephone Number				
Enclos	sed is a check for the following	g amount:				
\$52	.50 Filing Fee \$\int \\$61.25 Filing and Certificate of Status	Fee \$105.00 Filing Fee \$113.75 Filing Fee, f and Certified Copy Certified Copy, and Certificate of Status				
Regist Divisi Cliftot 2661 I	ET ADDRESS: Iration Section on of Corporations In Building Executive Center Circle Irassec, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

M. 726 PH 12: 38

Ralph and Alda Priep Family Limited Partnership Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cert April 12, 2001 assigned I	tificate was filed	with the Florida Department of State on						
adopts the following certificate of amendment to its certificate of limited partnership.								
This amendment is submitted to amend the following:								
A. If amending name, <u>enter the new name of th</u> here:	ie limited partnei	rship or limited liability limited partnership						
New name must be disting	uishable and contair	n an acceptable suffix.						
Acceptable Limited Partnership suffixes: Limited Partno Acceptable Limited Liability Limited Partnership suffixe								
B. If amending mailing address and/or prin principal office address here:	ncipal office add	lress, enter new mailing address and/or						
New Principal Office Address:								
(Must be STREET address)								
New Mailing Address:								
(May be post office box)								
C. If amending the registered agent and/or reg new registered agent and/or the new registered o								
Name of New Registered Agent:								
New Registered Office Address:	r	· Florida street address						
	Enter	rioriaa sireet aaaress						
		, Florida						
	City	Zip Code						

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.

<u>'itle</u>	<u>Name</u>	Address	Type of Action
<u> </u>	Gary Schroeder	4016 Teriwood Avenue Orlando, FL 32812	\[\sqrt{Add} \] Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove

<u>.</u> . •	ange(s) here: (Attach additional sheets, if necessary)
Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 days after State.)	the date this document is filed by the Florida Departing in of
Signature(s) of a general partner or all general p	partners*:
(*NOTE: Only one current general partner is required to sign removing a "limited liability limited partnership" election stat when adding or removing a "limited liability limited partnersl	ement. Chapter 620, F.S., requires all general partners to sig
Kare a Rio	
Karen A. Priep	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
Signature(s) of all new or dissociating general pa	artner(s), if any:
1 111	·
Jany de Sh	<u> </u>
Gary Schroeder	4
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	