

FROM :

FAX NO. :

Dec. 07 2010 02:48AM P1/6

A010000259440/229

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000259440 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FLORIDA FILING & SEARCH SERVICES
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Ok to resubmit

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
TRUST LAKE PARK TWO, LTD.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$52.50 |

D. BRUCE

DEC 7 2010

EXAMINER

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FROM :

850-617-6381

FAX NO. :

12/3/2010 9:15:49 AM PAGE

Dec. 07 2010 02:48AM P2/6
1/001 Fax Server



December 3, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRUST LAKE PARK TWO, LTD.
1600 HOPKINS CROSSROAD
MINNETONKA, MN 55305US

SUBJECT: TRUST LAKE PARK TWO, LTD.
REF: A01000001229

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H10000259440
Letter Number: 410A00028112

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10 DEC -6 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM :

FAX NO. :

Dec. 07 2010 02:48AM P3/6

H 1 0 0 0 0 2 5 9 4 4 0

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

TRUST LAKE PARK TWO, LTD.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on September 10, 2001, assigned Florida document number A01000001229, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

c/o Boston Financial Investment Management, LP
101 Arch Street, 13th floor
Boston, MA 02110

New Mailing Address:
(May be post office box)

c/o Boston Financial Investment Management, LP
101 Arch Street, 13th floor
Boston, MA 02110

C. If amending the registered agent and/or registered office address on our records, enter the name of the now registered agent and/or the new registered office address here:

Name of New Registered Agent:

C.T. Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

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 Registered Agent

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------------|---|--|
| GP | CHC Venetian Isles GP II, LLC | 1600 Hopkins Crossroad Minnetonka, MN 55305 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| GP | BFIM Westlake II GP, Inc. | c/o BFIM, LP 101 Arch Street, 13th floor Boston, MA 02110 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | FLO 000005304 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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FROM :

FAX NO. :

Dec. 07 2010 02:49AM P5/6

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F. If amending any other information, enter change(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 the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signature(s) of all new or dissociating general partner(s), if any:

CHC Venetian Isles GP II, LLC

BFIM Westlake II GP, Inc.

By: ✓

Kenneth J. Cutillo
President

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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