

A020000001612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

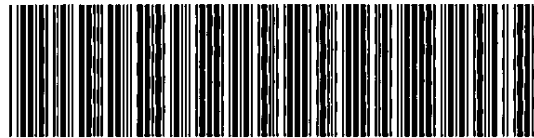
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

LP Amend  
FF \$52.50



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06/23/08--01003--011 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL 24 AM 8:21

B. T. T. JUL 24 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2008

A&G ROSS FAMILY LTD.  
3325 S UNIVERSITY DRIVE  
210  
DAVIE, FL 33328

SUBJECT: A&G ROSS FAMILY LTD.  
Ref. Number: A02000001612

Upon receipt of your letter and/or check(s) totaling \$52.50, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 208A00036638



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2008

A&G ROSS FAMILY LTD.  
3325 S UNIVERSITY DRIVE  
210  
DAVIE, FL 33328

SUBJECT: A&G ROSS FAMILY LTD.  
Ref. Number: A02000001612

We have received your document for A&G ROSS FAMILY LTD. and your check(s) totaling \$552.50. However, the document has not been filed and is being retained in this office for the following:

Please complete the enclosed "Certificate of Amendment" form and return it to this office processing. The "Certificate of Amendment" is required to remove the general partner from the limited partnership. We are retaining the fees to file the amendment and annual report and the annual report form in our office.

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) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 608A00037903

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

A&G Ross Family, Ltd.

(Insert name currently on file with Florida Department of State)

08 JUL 24 AM 8:2  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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 12/5/2002, assigned Florida document number A02000001612, 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, 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.*

(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	Gertrude Ross (deceased)	3325 S University Drive Davie FL 33328	<input type="checkbox"/> Add <input checked="" 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
			<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.)**

**F. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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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.)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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