

A03000001131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

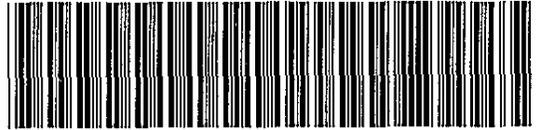
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONTRARIAN CASH FUND I LP  
(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:

ALAN S. HONIG CPA  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1501 BROADWAY Suite 1313  
(Address)

NEW YORK N.Y 10036  
(City, State and Zip Code)

For further information concerning this matter, please call:

BARRY HONIG at ( 561 ) 544 2452  
(Name of Contact Person) (Area Code and Daytime Telephone Number)  
ALAN S. HONIG 212 764-1234

Enclosed is a check for the following amount:

- \$52.50 Filing Fee       \$61.25 Filing Fee and Certificate of Status       \$105.00 Filing Fee and Certified Copy       \$113.75 Filing Fee, 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CONTRARIAN CASH FUND LLP

(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 10/15/2002, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (Indicate information being amended, added, or deleted)

DELETE: CONTRARIAN CASH FUND, LLC

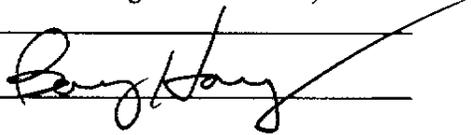
ADD: BARRY HONIG  
595 S FEDERAL HIGHWAY  
SUITE 600  
BOCA RATON FL 33432-5542

**SECOND:** Effective date, if other than the date of filing: \_\_\_\_\_

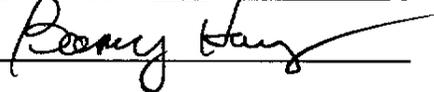
*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signature(s) of a general partner(s)\*:

*(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)*

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

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

 BARRY HONIG

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

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