

Ad100000004K3

Florida Department of State
Division of Corporations
Public Access System

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.

((H09000207098 3)))



H090002070983ADC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

SEP 25 2009

EXAMINER

To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

PINE HAVEN HOUSING, LTD., LLLP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

RECEIVED

09 SEP 24 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 24 AM 8:34

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H09000207098 3

**SECOND AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP OF
PINE HAVEN HOUSING, LTD., LLLP**

THE UNDERSIGNED hereby makes and files with the Secretary of State of the State of Florida, this Second Amended and Restated Certificate of Limited Partnership for the purpose of amending and restating the Certificate of Limited Partnership filed March 26, 2004 under Document Number A04000000483, as affected by a Statement of Qualification for Limited Liability Limited Partnership filed March 26, 2004, as amended and restated by that certain Amended and Restated Certificate of Limited Partnership filed April 2, 2007, as follows:

1. **NAME OF PARTNERSHIP.** The name of the limited partnership shall be **PINE HAVEN HOUSING, LTD., LLLP.**

2. **LOCATION OF PRINCIPAL PLACE OF BUSINESS.** The principal place of business of the partnership shall be located at 211 North Ridgewood Avenue #200, Daytona Beach, Florida 32114, or at such other place or places as the General Partner shall from time to time determine.

3. **NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.**

Bernice S. Saxon, Esq.
201 East Kennedy Boulevard, Suite 600
Tampa, Florida 33602

4. **NAME AND BUSINESS ADDRESS OF EACH GENERAL PARTNER.**

Pine Haven Partners, Inc.
211 North Ridgewood Avenue, #200
Daytona Beach, Florida 32114

5. **MAILING ADDRESS OF THE LIMITED PARTNERSHIP.**

211 North Ridgewood Avenue, #200
Daytona Beach, Florida 32114

6. **LIMITED LIABILITY LIMITED PARTNERSHIP.** The partnership is a limited liability limited partnership.

H09000207098 3

1338050\1 - # 2716818 v1

FILED
09 SEP 24 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H09000207098 3

THIS SECOND AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP
has been duly executed as of this 10 day of Sept., 2009 in accordance with Section 620.1202, Florida
Statutes.

Withdrawing General Partner:

PICERNE PINE HAVEN HOUSING, LLC,
a Florida limited liability company

By: 

Robert M. Picerne, as Manager

General Partner:

PINE HAVEN PARTNERS, INC., a Florida
corporation

By: 

Joyour's Gamble, President


H09000207098 3

H09000207098 3

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Bernice S. Saxon, accepts the appointment as Registered Agent for Pine Haven Housing, Ltd., LLLP and agrees 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.

EXECUTED this 10th day of September, 2009.


Bernice S. Saxon,
as Registered Agent

H09000207098 3

FILED
09 SEP 24 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA