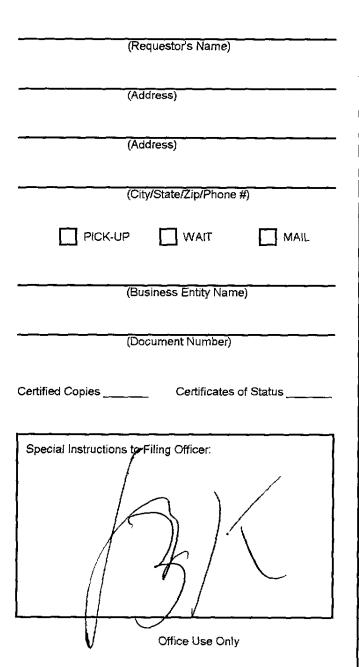
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## CORPORATIO

ON SERVICE COMPANY	
ACCOUNT NO.	: 072100000032
REFERENCE	: 072100000032 : 106927
AUTHORIZATION	
COST LIMIT	: \$ PPD
ORDER DATE : December 27, 2004	
ORDER TIME : 1:16 PM	A STATE OF THE STA
ORDER NO. : 106927-005	
CUSTOMER NO: 4326591	
CUSTOMER: Ms. Debbie L. Thacker Fowler White Boggs Ba Suite 1700 501 East Kennedy Boul Tampa, FL 33602	anker P.a.
DOMESTIC AMI	ENDMENT FILING
NAME: MITCHELL RANCH LTD.	PARTNERSHIP,
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOM	RPORATION
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STAN	NDING
CONTACT PERSON: Amanda Haddan	EXT# 2955 EXAMINER'S INITIALS:

## FIRST AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP MITCHELL RANCH PARTNERSHIP, LTD.

In accordance with Florida Statute Section 620.109, this Third Amendment to Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting for the following:

- 1. Name. The name of this limited Partnership is "Mitchell Ranch Partnership, Ltd."
- Date of Filing. The date of filing of the Certificate of Limited Partnership was
   March 26, 2004.
- 3. <u>Amendment.</u> Paragraph 3 of the Certificate of Limited Partnership shall be deleted in their entirety, and the following shall be inserted in its stead:
  - "3. General Partner. The name and business address of the general partner is:

Mitchell Ranch Management, Inc. 8324 State Road 54
New Port Richey, Florida 34655-3003

IN WITNESS WHEREOF, the undersigned has executed this First Amendment the day of <u>December</u>, 2004.

MITCHELL RANCH MANAGEMENT, INC.

D. Dewey Mitchell, President

General Partner

## STATE OF FLORIDA COUNTY OF PASCO

The foregoing instrument was acknowledged before me this <u>llo</u> of <u>becember</u>, 2004, by D. DEWEY MITCHELL, President of MITCHELL RANCH MANAGEMENT, INC., who is personally known to me or who has produced \_\_\_\_\_\_ as identification.

Renee D. Dyer
MY COMMISSION # DD170550 EXPIRES

Idrudry 8, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

Print Name Renee D. Diser

"NOTARY PUBLIC"

My Commission Expires: