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(((H06000153384 3)))

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To:

Division of Corporations

fax Number

: (850)205-0383

From:

Account Name : ROSS MATZ INVESTMENTS, INC.

Account Number: I20040000128.

Phone

: (954)452-5000

Fax Number

: (954)452-4700

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

RM-TRION WINSTON PARK PHASE II, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

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Corporate Filing Menu

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(((H06000153384 3)))

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

RM-TRION WINSTON PARK PHASE II, LLLP (Insert name currently on file with Florida Department of State)

(maeri hame culti	and on the with Florida Department of State)	
partnership or limited liability limit	on 620.1202, Florida Statutes, this Florida limited ited partnership, whose certificate was filed with the October 21, 2004, adopts the following tificate of limited partnership.	
FIRST: Amendment(s): (Indicate	e information being amended, added, or deleted)	
1. The name of the limited liabil	lity limited partnership Shall be:	
RM WINSTON PARK PHAS	SEILLLIP PAECRE	
	TARY OF PR	
SECOND: Effective date, if other (Effective date cannot be prior to nor mor Department of State.)	r than the date of filing:) -)
Signature(s) of a general partner(s))*: to be a limited liability limited partnership statement, all general	
Signature(s) of new or dissociating	g general partner(s), if any:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO

Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

2006 JUN -8 AM 8: 55
SECRETARY OF STATIL

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

RECEIVED

5 JUN -8 PM 4: 06

THE VILLAGES AT HALIFAX HOUSING, LTD., LLLP

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$113.75

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6/8/200

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AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP OF THE VILLAGES AT HALIFAX HOUSING, LTD., LLLP

THE UNDERSIGNED hereby makes and files with the Secretary of State of the State of Florida, this 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 A04000000484, as affected by a Statement of Qualification for Limited Liability Limited Partnership filed March 26, 2004, as follows:

- 1. NAME OF PARTNERSHIP. The name of the limited partnership shall be THE VILLAGES AT HALIFAX HOUSING, LTD., LLLP.
- 2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 247 North Westmonte Drive, Altamonte Springs, Florida, 32714, or at such other place or places as the General Partners shall from time to time determine.
 - 3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

W. Terry Costolo, Esquire 301 East Pine Street, Suite 1400 Orlando, Florida 32801

4. NAME AND BUSINESS ADDRESS OF EACH GENERAL PARTNER.

Picerne Halifax Housing, LLC 247 North Westmonte Drive Altamonte Springs, Florida 32714

Villages at Halifax Partners, Inc. 211 North Ridgewood Avenue, #200 Daytona Beach, Florida 32114

LOS-109913 PO4-50409

RY OF STATE SEE, FLORIDA

MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

247 North Westmonte Drive Altamonte Springs, Florida 32714

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

THIS AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP has been duly executed as of this 7 bay of June, 2006 in accordance with Section 620.1202, Florida Statutes.

General Partners

PICERNE BALIFAX HOUSING, LLC, a Florida

limited liability company

Robert M. Picerne, as Manager

VILLAGES AT HALIFAX PARTNERS, INC., a

Florida comoration

By: (Joyauta X Joyours Camble, President

P.03/03

H060001537103

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, W. Terry Costolo, accepts the appointment as Registered Agent for The Villages at Halifax 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 Z day of June, 2006.

W. Terry Costolo Esquire as Registered Agent

SECRETARY OF STATE

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