## A0500000471

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2009 OCT -2 A II: 13

T. HAMPTON

OCT - 3 2008

**EXAMINER** 

## **COVER LETTER**

<b>TO:</b> Registration S Division of Co					
SUBJECT: Ronto (Nar	Beach Road Deve ne of Florida Limited Partn	elopmer ership or Lii	nts, Lto nited Lia	Dility Limited	Partnership)
The enclosed Certific	ate of Amendment and	l fee(s) are	submit	ted for filing	g.
Please return all corre	espondence concerning	this matte	er to:		
•					
Anthony Solomon	(C + + P - )	<u> </u>			
	(Contact Person)				
Ronto Beach Road Dev					
	(Firm/Company)				
3185 Horseshoe Drive	South, Ste 2				
	(Address)	- · <del>- · -</del>			
Naples, FL 34104					
	City, State and Zip Code)				•
For further information	on concerning this mat	ter, please	call:		
Anthony Solomon		at ( 239	)	649-6310	
(Name of Conta	ct Person)	(Area	a Code an	d Daytime Te	lephone Number)
Enclosed is a check f	or the following amour	nt:			
✓ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	\$105.00 and Certifi		Certifie	3.75 Filing Fee, and Copy, and tate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3236	ions er Circle	R D P	egistrati ivision . O. Box	G ADDRE on Section of Corporat 6327 ee, FL 323	ions

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Ronto Beach Road Develo		da Department of State)	#
Pursuant to the provisions of section 620. I limited liability limited partnership, whose	e certificate was fi ned Florida docun	led with the Florida Department of States number A05000000471	
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name</u> here:	of the limited part	nership or limited liability limited par	tnership
(New name must be dis	tinguishable and cor	ntain an acceptable suffix.)	
Acceptable Limited Partnership suffixes: Limited I Acceptable Limited Liability Limited Partnership s			
B. If amending mailing address and/or principal office address here:	principal office a	nddress, <u>enter new mailing address</u>	and/or
New Principal Office Addre (Must be STREET address)	<u></u>	ZOOB OCT	η
New Mailing Address: (May be post office box)		-2 A III:	n O
C. If amending the registered agent and/or			e of the
Name of New Registered Agent:	Anthony Solomon		
New Registered Office Address:	3185 Horseshoe [	Orive South, Ste 2 Enter Florida street address)	
	Naples (City)	, Florida 34104	

## 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>		Address	Type of Action
				Add Remove
		<del></del>		SECRET Remove
				-2 Z
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				Chlove

- 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.)

		<del>-</del>					
		<del></del>	·				
Effective date, if other than the date (Effective date cannot be prior to nor most State.)	te of filing	;ays after the dat	e this docume	ent is file	ed by the	Florida	Departn
Signature(s) of a general partner	r or all ge	neral partne	<u>'s*:</u>				
(*NOTE: Only one current general partremoving a "limited liability limited partremoving a timited liability").	nership" elec	ction statement.	Chapter 620.	F.S., re			
Print Brian Prop	<b></b>	0	2.15	<del></del>			
RONTO BEACH ROAD		MENIS	ONE,	<u>-T</u> /\C			<u> </u>
ANTHONY SOLOMOI	V, VP				<u></u>		
Signature(s) of all new or dissoci	istina aen	eral nortner	(s) if any				
Dignature(s) of an new or dissoci	iating gen	erar partner	<u>s, 11 any</u> .				
			· · · · · · · · · · · · · · · · · · ·		<del> </del>	181.2	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50				SEC TALL,	7008	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				SECRETAR TALLAHASS	2008 OCT -	

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