# A05000000736

(Re	equestor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
V	Office Use Only



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10/23/06--01011--018 \*\*105.00

PERSONAL PROPERTY

6 OCT 23 PH 2: 5;

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

TRICIA TADLOCK

DATE:

10-23-06

**REF. #:** 

Examiner's Initials

0174.59106

CORP. NAME: SARABAY ASSOCIATES, L.L.L.P.

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION ( ) OTHER:  STATE FEES PREPAID WITH CHECK# 518878 FOR \$ 105.00.  AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:	
( ) CERTIFICATE OF CANCELLATION ( ) OTHER:  STATE FEES PREPAID WITH CHECK# 518878 FOR \$ 105.00.  AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:	
( ) OTHER:  STATE FEES PREPAID WITH CHECK# 518878 FOR \$ 105.00.  AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:	
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AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:	
COST LIMIT: \$	
PLEASE RETURN:	
( XX ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) PLA	IN STAMPED COPY
( ) CERTIFICATE OF STATUS	

( ) ARTICLES OF INCORPORATION ( XX ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

BOOT 23 PM 2: 52

### AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP OF

SARABAY ASSOCIATES, L.L.L.P., a Florida limited liability limited partnership

formally,
SARABAY ASSOCIATES, LTD.
a Florida limited partnership



#### FLORIDA DOCUMENT #A05000000736

The undersigned, constituting the general partners of SARABAY ASSOCIATES, L.L.L.P., a Florida limited liability limited partnership, whose Certificate of Limited Partnership was filed with the Secretary of State, State of Florida on April 13, 2005, hereby amends said Certificate of Limited Partnership of SARABAY ASSOCIATES, L.L.L.P., a Florida limited liability limited partnership, as follows:

- 1. Paragraphs 1 through 5 are hereby amended in their entirety to read as follows:
  - 1. The name of the Partnership is:

SARABAY ASSOCIATES, L.L.L.P

2. The mailing address of the Partnership is:

1991 Main Street, Suite 208 Sarasota, Florida 34236

3. The principal office address of the Partnership is:

1991 Main Street, Suite 208 Sarasota, Florida 34236

4. The name and address of the registered agent of the Partnership is:

Wayne M. Ruben 1991 Main Street, Suite 208 Sarasota, Florida 34236

5. The name and address of the managing general partner of the Partnership is:

Ruben-Holland Legends Bay, LLC 1991 Main Street, Suite 208 Sarasota, Florida 34236

L06006083770

- 2. Except as expressly provided herein, all of the terms and provisions of the Certificate of Limited Partnership shall remain in full force and effect and are hereby ratified and confirmed.
- 3. The execution of this Amendment by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned general partners of the Partnership have consented to the execution of this Amendment to the Certificate of Limited Partnership of SARABAY ASSOCIATES, L.L.L.P., a Florida limited liability limited partnership, on this day of October 2006.

WITNESSES:

Print Name

SHAYNE A. BOGES

Print Name J&

"CURRENT MANAGING GENERAL PARTNER"

WITNESSES:

Print Name/

Print Name

SHAYNE A ROGGS

Ruben-Holland Legends Bay, LLC, a Florida limited Liability company

By:

David S. Band

Wayne M. Ruben, as its Manager

"NEW MANAGING GENERAL PARTNER"

#### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

## SARABAY ASSOCIATES, L.L.L.P., a Florida limited liability limited partnership

Having been named to accept service of process for SARABAY ASSOCIATES, L.L.P., a Florida limited liability limited partnership, at the place designated in the foregoing Amendment to the Certificate of Limited Partnership, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: 10 5/86

"REGISTERED AGENT"