

Division of Corporations

Page 1 of 1

A0500000762Florida Department of State
Division of Corporations
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.

(((H10000065364 3)))



H100000653643ABCZ

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

To:

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

From:

Account Name : GUNSTER YOAKLEY & STEWART P.A.
Account Number : 076077002561
Phone : (305) 376-4181
Fax Number : (305) 376-6010**FILED**
2010 MAR 25 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
TOWERS CL, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

RECEIVED

10 MAR 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**C. LEWIS**
MAR 26 2010
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6361

3/24/2010 8:53:28 AM PAGE 1/001 Fax Server



March 24, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TOWERS CL, LTD.
C/O C.R.E.S. MANAGEMENT, L.L.C.
2300 MAIN ST., STE. 910
KANSAS CITY, MO 64108

SUBJECT: TOWERS CL, LTD.
REF: A05000000762

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000065364
Letter Number: 010A00007193

RECEIVED

10 MAR 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*per LLC
9001 0, HAWAII, LLC*

(H10000065364 3) **FILED**

2010 MAR 25 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**TOWERS CL, LTD.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on APRIL 15, 2005, assigned Florida document number A05000000762, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

New Mailing Address:
(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

(H10000065364 3)

FILED

2010 MAR 25 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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>	<u>Address</u>	<u>Type of Action</u>
GP	Equityline Properties, Inc.	7300 N. Kendall Drive Suite 519 Miami, Florida 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	C.R.E.S. Realty, L.L.C. M10000001386	2300 Main Street Suite 910 Kansas City, MO 64108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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.)

(H10000065364 3) FILED

2010 MAR 25 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

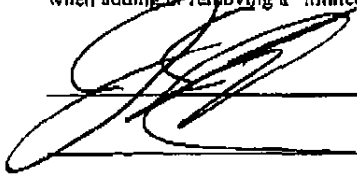
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

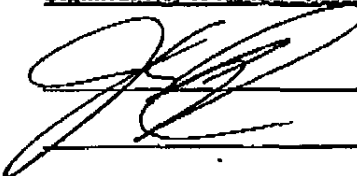
Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



_____**Signature(s) of all new or dissociating general partner(s), if any:**

_____Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75