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| (Requestor's Name) | | |
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| (Address) | | |
| (Address) | | |
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| PICK-UP WAIT MAIL | | |
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EXAMINER



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: <u>Long Boot Development I, LLLP</u> Name of Florida Limited Partnership or Limited Liability Limited Partnership |
| The enclosed Certificate of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Sanford Pollack |
| Sanford Pollack Contact Person Long Boat Development I, LLLP Firm/Company |
| 790 Hillbrath DRIVE |
| Lantana, 7L 33462 City, State and Zip Code |
| Spollack@ SwsfL.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Sanford Pollack at (561) 202-2473 Name of Contact Person Area Code and Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$52.50 Filing Fee \$\int \\$61.25 Filing Fee and Certificate of Status \$\int \\$105.00 Filing Fee and Certificate Copy Certificate of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| LONG BOOT De | velopment I | - LLLP | |
|---|------------------------------------|-----------------------------------|----------------|
| Insert name currently | on file with Florida Departme | nt of State | |
| Pursuant to the provisions of section 620.120 limited liability limited partnership, whose central may 4, 2005, assigned adopts the following certificate of amendmen | ertificate was filed with the | ne Florida Department of Sta | te on |
| This amendment is submitted to amend the following | ing: | | |
| A. If amending name, <u>enter the new name of t</u> here: | t <u>he limited partnership or</u> | limited liability limited partr | <u>iershij</u> |
| New name must be disting | guishable and contain an acce | ptable suffix. | |
| Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffi | xes: Limited Liability Limited | Partnership, L.L.L.P. or LLLP. | |
| B. If amending mailing address and/or pri principal office address here: | incipal office address, <u>e</u> | <u>nter new mailing address a</u> | <u>nd/or</u> |
| New Principal Office Address: (Must be STREET address) | | TALEAR APP | . 1 } |
| New Mailing Address: (May be post office box) | | ASSEE, I | ITI |
| (may be post agree con) | | STATE CRIDA | J |
| C. If amending the registered agent and/or re new registered agent and/or the new registered | | our records, enter the name | of the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Futov Florida | street address | |
| | Enier rioriaa | | |
| | Citv | , Florida Zin Code | |

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 Neu | Registered Agent |
| 11 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 |
|--------------|--|---|----------------------------|
| | <u>Gusmano</u> , Charles | 790 Hillbrath Diewe Lantana, 76 33462 | Add Remove |
| | GranscapeGolf Services, Lic | 796 Hilbrath Drive Lantana, FL 33462 | Add Remove |
| | | | Add Remove |
| | partnership or limited liability ip" status, enter change here: | limited partnership is amend | ing its "limited liability |

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

| F. If amending any other information, e | enter change(s) here: (Attach additional sheets, if necessary.) |
|--|--|
| | |
| | |
| | |
| | |
| Effective date, if other than the date of filing | g: |
| (Effective date cannot be prior to nor more than 90 c State.) | g:_ days after the date this document is filed by the Florida Department of |
| | |
| Signature(s) of a general partner or all ge | eneral partners*: |
| | red to sign this document unless the limited partnership is adding or ection statement. Chapter 620, F.S., requires all general partners to sign partnership" election statement.) |
| Chul Dusmu 5 | |
| · | |
| | |
| | |
| | |
| Signature(s) of all new or dissociating gen | ieral partner(s), if any: |
| Groonscape for Services LL | د |
| | |
| By: Charles Gusmano | |
| | |
| | |
| Filing Fee: \$52.50 | |
| Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |