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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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DEPARTMENT OF STATE

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LNR HERITAGE HARBOUR, LLLP	
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:	
Michael J. Nolan	
Contact Person	
GrayRobinson, P.A.	
Firm/Company	
401 E. Jackson Street, suite 2700	
Address	
Tampa, Florida 33602	
City, State and Zip Code	
mnolan@gray-robinson.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael J. Nolan at ( 813 ) 273-5039	
Name of Contact Person Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327	
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	

#### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

## LNR HERITAGE HABOUR, LLLP Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Flatimited liability limited partnership, whose certification 08/25/2005, assigned Floring	ate was filed w	ith the Florida Department of State on
adopts the following certificate of amendment to i		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	mited partnersh	p or limited liability limited partnership
TH HARR	OUR, LLLP	
New name must be distinguisha		
_		•
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	ip, Limited, L.P., L imited Liability Lir	P, or Ltd. nited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	al office addre	ss, enter new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		17 MAR IL
New Mailing Address: (May be post office box)		
(May be post office box)		
		<b></b>
		<b>ಀ</b> <u>೨</u> ೭
C. If amending the registered agent and/or register	red office addre	ss on our records, enter the name of the
new registered agent and/or the new registered office	address here:	
		•
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	City	Zip 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 N	
ii Changing Registered rigent	DIEMOURE OF IA	CW ICCRIDICIOU / IRCIIC

D.	If:	amending	the general	partner(s),	<u>enter</u>	the name	e and	business	address	of e	ach	general	partner	being
ade	led	or remove	<u>ed from our i</u>	records:										

<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			_ Add _ Remove		
			Add Remove		
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			Add Remove	17 MA	\$75 111 50 111 50
			Add Remove	7 MAR IL AM	50 AWALE 150 AWALE 170 AWALE
			_	7:36	STATE STATE
			_		

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

	This Limited Partnership I	nereby elects to be a	"Limited Liability	Limited Partnership."
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This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

 $(\underline{NOTE:}\ \ lf\ adding\ or\ removing"\ limited\ liability\ limited\ partnership"\ status,\ all\ general\ partners\ must\ sign\ this\ amendment.)$ 

F. If amending any other info	rmation, enter	change(s) h	ere: (Attach ad	lditional sheets, i	f necessary.)
					<del></del>
	<del> </del>				<del></del>
				<u></u>	
Effective date, if other than the da	te of filing:				
Effective date cannot be prior to nor mo late.)	ore than 90 days o	fter the date	this document is	filed by the Florid	a Department of
Signature(s) of a general partne	r or all gener	al partner	<u>;*:</u>		
*NOTE: Only one current general part emoving a "limited liability limited part when adding or removing a "limited liab	nership" election ility limited partr	statement.	Chapter 620, F.S.,	limited partnershi , requires all gener	p is adding or al partners to sign
NR HERITAGE HARBOUR GP, L	LC				
By W/rel Mile		_			
Authorized Representative					
		_			
<u> </u>		-			
	<del></del>	-			
Signature(s) of all new or dissoc	iating genera	l partner(	), if any:		
			<del></del>		
	·	-			
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Filing Fee: Certified Copy (optional):	\$52.50 \$52.50				