## A06000000368

(Requestor's Name)
(10423307071277)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
AUG-368 (Document Number)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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## **COVER LETTER**

Division of C			
		LLAGES #5, LTD.	
(Na	ume of Florida Limited Par	tnership or Limited Liabilit	y Limited Partnership)
The enclosed Certifi	cate of Amendment a	nd fee(s) are submitted	for filing.
Please return all con	respondence concernit	ng this matter to:	
Megan Yawn			
	(Contact Person)		
McLin & Burnsed P.A.			
	(Firm/Company)	·	
PO Box 1299			
	(Address)		
The Villages, Florida	32158_1200	ť	
	(City, State and Zip Code)	• • • • • • • • • • • • • • • • • • • •	
For further informat	ion concerning this ma	atter, please call:	
Megan Yawn		** (	-5006
(Name of Cont	act Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
□ \$52.50 Filing Fee	☑\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section	l	Registration	Section
Division of Corpora	tions	Division of O	
Clifton Building		P. O. Box 63	
2661 Executive Cen		Tallahassee,	FL 32314
Lallahaccaa El 27	4411		



February 20, 2009

MCLIN & BURNSED, P.A. MEGAN YAWN PO BOX 1299 THE VILLAGES, FL 32158-1299

SUBJECT: MORSE-SEMBLER VILLAGES #5, LTD.

Ref. Number: A0600000368

We have received your document for MORSE-SEMBLER VILLAGES #5, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The General Partner you have stated to remove is not listed as the GP.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 609A00006096

## CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP

09 FEB 27	AHIII
SECRETARY TALLAHASSE	OF STATE FLORIDA

Morse-Sembler Villages #5, Ltd	M	lorse-	Semi	bler	Villages	#5.	Ltd
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(Insert name curr	ently on file	with Florida Depart	ment of State)
Pursuant to the provisions of section 620 limited liability limited partnership, who March 10, 2006 assi	se certifica igned Flori	ite was filed with da document nui	the Florida Department of State on mber A06000000368
adopts the following certificate of amend	ament to its	s certificate of in	mited partnersnip.
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, <u>enter the new nam here</u> :	e of the lin	nited partnership	or limited liability limited partnership
(New name must be d	listinguishal	ole and contain an	acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership  B. If amending mailing address and/oprincipal office address here:	p suffixes: Li	mited Liability Limi	ted Partnership, L.L.L.P. or LLLP.
principal office address nere.			
New Principal Office Add		1020 Lake Sumte	
(Must be STREET address)	-	The Villages, Flor	da 32162
New Mailing Address: (May be post office box)	<u>\$</u> -	same	
C. If amending the registered agent and new registered agent and/or the new regist			on our records, enter the name of the
Name of New Registered Agent:	<u>Brian D.</u>	Hudson, Esq.	
New Registered Office Address:	<u>1028 La</u>	ke Sumter Landin (Enter Flo	g rida street address)
	The Villa	iges	, Florida <u>32162</u>
	<del></del>	(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 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>	Type of Action
			Add Remove
	- 1700		Add Remove
			Add Remove
			Add Remove
•	·		Add Remove
	-		☐ Add ☐ Remove

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

🔾 TI	his Limited Partı	nership hereby	y elects to be a	"Limited Liabili	ty Limited	Partnership."
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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.)

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ffective date, if other than the date of filing: immediately  Getive date cannot be prior to nor more than 90 days after the date this document is filed tate.)	by the Florida Departmen
aie.)	
ignatura(a) of a gameral neutron on all conount neutrons.	
ignature(s) of a general partner or all general partners*:	
<b>NOTE:</b> Only one current general partner is required to sign this document unless the limi	ted partnership is adding or
moving a "limited liability limited partnership" election statement. Chapter 620, F.S., requ	uires all general partners to
moving a "limited liability limited partnership" election statement. Chapter 620, F.S., require adding or removing a "limited liability limited partnership" election statement.)	uires all general partners to
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