Division of Corporations Electronic Filing Cover Sheet

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(((H110001251903)))



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To:

Division of Corporations

Fax Number : (850)617-6383

MAY 1 6 2011

From:

Account Name : CUMMINGS & LOCKWOOD, LLC

Account Number : 102336001100 Phone : (239)649-3101 Fax Number : (239)430-3344 **EXAMINER**

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

ASP@cl-law.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION THE LJDB PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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May 6, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

THE LJDE PARTNERSHIP, LTD. & LEA ANN Y. REEVES 8591 BELLE MEADE DRIVE FT. MYERS, FL 33908

SUBJECT: THE LJDB PARTNERSHIP, LTD.

REF: A06000000549

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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.

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) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: H11000125190 Letter Number: 011A00011147

(((H11000125190 3)))

CERTIFICATE OF AMENDMENT

CERTIFICA	TO TE OF LIMITED PARTNERSHIP	
	OF	
	LJDB Partnership, Ltd.	
Insert name curre	ently on file with Florida Department of State	
limited liability limited partnership, who April 20, 2006, assi	.1202, Florida Statutes, this Florida limited partnershipse certificate was filed with the Florida Department of gned Florida document number A0600000054 ment to its certificate of limited partnership.	State on
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name here:	e of the limited partnership or limited liability limited pa	ırtnership
New name must be o	distinguishable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	Partnership, Limited, L.P., LP, or Ltd, suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLF	ı
B. If amending mailing address and/or principal office address here:	r principal office address, <u>enter new mailing addres</u>	s and/or
New Principal Office Addr (Must be STREET address)	ess:	
New Mailing Address: (May be post office box)		
new registered agent and/or the new registe		me of the
Name of New Registered Agent:	CLASP, Inc.	
New Registered Office Address:	3001 Tamlami Trail North, Suite 400	
	Enter Florida street address	
	Naples , Florida 34103 City Zip Code	
	SECRETARY TALLAHASSE Page 1 of 3	II HAY IS AM

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.

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>	Name	<u>Address</u>	Type of Action		
	Ms.	Lea Ann Y. Reeves	8591 Belle Meade Drive Fort Myers, Florida 33908	Add		
		LAYR Management LLC	8591 Belle Meade Drive Fort Myers, Florida 33908	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:						
This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."						
This Limited Partnership hereby removes its "Limited Llability Limited Partnership" status.						
(NQTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)						

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F. If amending any other information, enter c	hange(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 aft State.)	er the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general	partners*:
(*NOTE: Only one current general partner is required to si removing a "limited liability limited partnership" election st when adding or removing a "limited liability limited partner	atement. Chapter 620, F.S., requires all general partners to sig
Suay 1	
Lea Ann Y. Reeves	
Signature(s) of all new or dissociating general p	partner(s), if any:
LAYR Management LLC	
By: Lea Ann Y. Reeves, Manager	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	