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.

(((H10000100194 3)))



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 : KRASNY AND DETIMER

Account Number : 102771002615 Phone

: (321)723-5646

Fax Number

: (321)768-1147

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

tdowns 1 0 Cfl. rr. com

P/LLLP AMENDMENT/RESTATEMENT/CORRECTION DOWNS INVESTMENTS, LLLP

Certificate of Status	0
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Page Count	03
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T. CLINE

APR 29 2010

EXAMINER

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April 28, 2010

DOWNS INVESTMENTS, LLLP PO BOX 361283 MELBOURNE, FL 32936-1283

SUBJECT: DOWNS INVESTMENTS, LLLP

REF: A06000000675

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, but require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division s records at www.sunbiz.org.

Please note the name of a limited liability company must end with the force Littled Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L02000018422.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

2010 APR 28 AM & 1

Tammi Cline Regulatory Specialist II FAX Aud. #: H10000100194 Letter Number: 110A00010456

> 2010 APR 28 AM '8: 1 SECRETARY OF STATE

H10000100194 3

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Downs Investment				
Insert name currently on	file with Florida Depart	ment of State		
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certificate 12, 2006, assigned Fl adopts the following certificate of amendment to	ficate was filed with orida document nur	the Florida Department on the A06000000675		·
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the here:		4	artherallo SEC	
Highland Avenue	Investments, LL	LP		270C111E
New name must be distinguis	hable and contain an ac	ceptable suffix.		i į
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes:	hip, Limited, L.P., LP, c Limited Liability Limite	or Lid. d Parinership, L.L.L.P. or LLLi	28 AR) SS	
B. If amending mailing address and/or principal office address here:	pal office address,	enter new mailing addre	as and/or of	gerran.
New Principal Office Address:	N/Ā	· ·		· ··
(Musi be STREET address)			_	
New Mailing Address: (May be post office box)	N/A		• •	
C. If amending the registered agent and/or registenew registered agent and/or the new registered office		our records, enter the na	me of the	·
Name of New Registered Agent:	N/A			
New Registered Office Address:				
	Enter Florido	street address	**	*
		, Florida		
•	City	Zip Code		
	-	•		

Page 1 of 3

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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: Type of Action Title Address Name Add Remove Add Remove Remove Romove E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change bere: This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership." This Limited Partnership bereby removes its "Limited Liability Limited Partnership" status.

Page 2 of 3

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

. . . .

	<u> N/A</u>	
		
		
Effective date, if other than the date (Effective date cannot be prior to nor more	ite of tiling:_ are than 90 days after the date this document is filed by the Florida Departmen	u of
State.)	γ	
Signature(s) of a general partner	r or all general partners*:	
(*NOTE: Only one current general parts	ner is required to sign this document unless the limited partnership is adding to	201
removing a "limited liability limited partn	nership" election statement. Chapter 620, F.S., requires all general partners to elity fimited partnership" election statement.)	sign
when adding or removing a "limited liabil	Inty infilted partnership election scatament.)	A PR
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	20 >	
	Out.	
Signature(s) of all new or dissocia	ating general partner(s), if any:	
Signature(s) of all new or dissocia	ating general partner(s), if any:	
Signature(s) of all new or dissocia	gting general partner(s), if any:	
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