Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H070000903963)))



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)205-0383

From:

: BROAD AND CASSEL (ORLANDO) Account Name

Account Number : 119980000090

Phone

: (407)839-4200

Fax Number

: (407)839-4264

/LLLP AMENDMENT/RESTATEMENT/CORRECTION

OVIEDO TOWN CENTRE II LP PARTNERS, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$61.25

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe



390 NORTH ORANGE AVENUE SUITE 1400 ORLANDO, FLORIDA 32801 P.O. BOX 4961 (32802-4961) TELEPHONE: 407.839.4200 FACSIMILE: 407.425.8377 www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE:

Friday, April 06, 2007 5:01:36 PM

To:

Division of Corporations

ADDRESS:

Secretary of State - Florida

TELECOPIER PHONE NO.:

1-850-205-0383

CONFIRMATION PHONE NO.:

FROM:

Mary Ellen Carmack

TOTAL NUMBER OF PAGES:

04 (including cover)

CLIENT AND MATTER:

12908-0112

MESSAGE:

SECRETARY OF STAFE

PLEASE NOTIFY US IMMEDIATELY IF ALL PAGES WERE NOT RECEIVED AT 407.839.4200

FAX OPERATOR:	FIRST ATTEMPT:	SECOND ATTEMPT:	

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP OF OVIEDO TOWN CENTRE II LP PARTNERS, LTD.

Pursuant to the provisions of §620.1202, Florida Statutes, this limited partnership, whose certificate was filed with the Florida Department of State on November 30, 2006, adopts the following Amended and Restated Certificate of Limited Liability Limited Partnership (the "Certificate"):

- The name of the Partnership shall be HAMMOCK HARBOR II, L.L.L.P. (the "Partnership").
- 2. The address of the office where records shall be kept shall be 329 N. Park Avenue, Suite 300, Winter Park, Florida 32789. The name and address of the registered agent for service of process is B&C Corporate Services of Central Florida, Inc., 390 North Orange Avenue, Suite 1400, Orlando, Florida 32801.
 - Committee and the second of 3. The name and business address of the General Partner is:

HAMMOCK HARBOR II MANAGERS, L.L.C., a Florida limited liability company 329 N. Park Avenue, Suite 300 Winter Park, Florida 32789

- 4, The mailing address of the Partnership is 329 N. Park Avenue, Suite 300, Winter Par Florida 32789.
 - 5. The latest date upon which the Partnership is to dissolve shall be December 31, 2066
 - 6. The Partnership hereby elects to be a limited liability limited partnership.

The Certificate has been executed by the undersigned as of the Aday of April, 2007.

GENERAL PARTNER:

HAMMOCK HARBOR II MANAGERS, L.L.C. a Florida limited liability company

Missigman, Manager

Amended and Restated COLP -Ovicdo Town Centre II LP Partners, Ltd. - Name Change to Hammock Harbor II, LLLP, ORL1\CORP8EC\007837.1 12908/0112 MEC 44/2007 12:12 PM

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as the Registered Agent for HAMMOCK HARBOR II, L.L.L.P., the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited liability limited natures big and states that it is familiar with and accents its statutors obligations as such including

B&C CORPORATE SERVICES OF CENTRAL

FLORIDA, INC., a Florida corporation

By: Name

day of April, 2007.