A07609

(Re	equestor's Name	9)
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(Cit	ty/State/Zip/Pho	ne #)
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SECHETARY OF STATE

COVER LETTER

		Section Corporations		
			artments, Ltd.	nited Partnershin)
	•		and fee(s) are submitted	• ′
Please return	all cor	respondence concerni	ng this matter to:	
Andrea	Grad	e Holcomb		
		(Contact Person)	·	
Holley (3ard	en Apartments	s, Ltd.	
		(Firm/Company)		
1063 M	aitlar	nd Center Con	nmons Blvd. S	uite 100
		(Address)		
Maitlan	d FL	32751	,	
		(City, State and Zip Code)		
Easthasi	. £		-44-n ml11.	
		ion concerning this m	atter, please call:	
Andrea	Grad	e Holcomb	at (407) 7	86-0010 X19
(Nam	e of Con	tact Person)	(Area Code and I	Daytime Telephone Number)
Enclosed is	check	for the following amo	ount:	
\$52.50 Filin	g 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 A	DDRES	SS:	MAILING	ADDRESS:
Registration	Section	ı	Registration	Section
Division of	•	tions		Corporations
Clifton Build	_	4 O!1-	P. O. Box 6	
2661 Execut Tallahassee,			Tallahassee	,FL 32314
ı ananassee,	1'L J2:)V1		



May 19, 2006

ANDREA GRACE HOLCOMB 1063 MAITLAND CENTER COMMONS BLVD. SUITE 100 MAITLAND, FL 32751

SUBJECT: HOLLEY GARDEN APARTMENTS, LTD.

Ref. Number: A07609

We have received your document for HOLLEY GARDEN APARTMENTS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

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) 245-6853.

Letter Number: 706A00035343

Leslie Sellers Document Specialist

APPROVED

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

06 JUN 15 PM 4: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Holley Garden Apartments, Ltd	Holley	/ Garden	Apartments.	Ltd.
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(Insert name currentl	y on file with Flor	rida Department of State)	
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 6/19 certificate of amendment to its certificate.	ed partnership, 9/1979	whose certificate was filed with the, adopts the following	
FIRST: Amendment(s): (Indicate in	nformation bei	ng amended, added, or deleted)	
Philip C, Grace (deceased) shall GP Investments of Orlando, Inc.		s a General Partner. and be the sole General Partner.	
	· · · · · · · · · · · · · · · · · · ·	•	
SECOND: Effective date, if other t	han the date of	filing:	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after	r the date this document is filed by the Florida	
Signature(s) of a general partner(s)* (*Notes-If adding or deleting on election to partners must sign the amendment.)	irbe a limited liabi	ility limited partnership statement, all general	
			
Signature(s) of new ordissociating	general partner	Andrew Holomos	
Filing Fee:	\$52.50	ANDREA G. HOLCOMB Personal Representative for Deceased	
Certified Copy (optional):	\$52.50	Philip Grace	

Certificate of Status (optional):

\$8.75