(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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to.A

M. THOMAS

JUL 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RS (Na	T ZEPHYR I me of Florida Limited Part	HILLS HOUSIN thership or Limited Liability	C. L. P. Limited Partnership)	
The enclosed Certificate of Amendment and fee(s) are submitted for filing.				
Please return all corr	espondence concernin	g this matter to:		
Fatriala ((Contact Person)			
Prime Income Asset Management (Firm/Company)				
1800 Valley	View Lane,	Su te 300		
Dallas, Tx	City, State and Zip Code)			
For further informati	on concerning this ma	tter, please call:	N,	
(Name of Contact Person)		at (469) 522 - 43108 (Area Code and Daytime Telephone Number)		
Enclosed is a check t	for the following amou	ınt:		
☐ \$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 ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		



June 19, 2008

PATRICIA GILMORE 1800 VALLEY VIEW LANE, STE 300 DALLAS, TX 75234

SUBJECT: RST ZEPHYRHILLS HOUSING, L.P.

Ref. Number: A0800000040

We have received your document for RST ZEPHYRHILLS HOUSING, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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) 245-6097.

Letter Number: 208A00037295

Marsha Thomas Regulatory Specialist II OB JUL 14 PH 1:38

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RST ZEPHYRHILLS HOUSING, L.P.

(Insert name currently on file with Florida Department of State)

	Florida Statutes, this Florida limited partnership or	
	ficate was filed with the Florida Department of State on	
3 - 1 - 08, assigned Flo	orida document number A0800000040	
adopts the following certificate of amendment to	oits certificate of limited partnership.	
This amendment is submitted to amend the following:	limited partnership or limited liability limited partnership	S
A. If amending name, enter the new name of the	limited partnership or limited liability limited partnership	
<u>here</u> :	STATE STATE	
(New name must be distinguish	hable and contain an acceptable suffix.)	
,	•	
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending mailing address and/or princi principal office address here:	ipal office address, enter new mailing address and/or	
New Principal Office Address:	·	
(Must be STREET address)		,
,		
	•	
New Mailing Address: (May be post office box)		
(May be post office box)	,	
C. If amending the registered agent and/or regist new registered agent and/or the new registered office	tered office address on our records, enter the name of the	
new registered agent and/or the new registered office	ce aduress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	(Enter Florida street address)	
	Flacida	
	(City), Florida (Zin 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)

al Partner RST Florida, N.P. 1755 Withington Pace Add Remove Dallas, Tx 75334 Remove Add Add Remove Add Add Add Remove Add Add		Florida, L.P	1755 Without	
MO1-1202 Add Remove Remove Add Add Remove Add Remove Add Add Remove Add Add Remove Add Add	. ^		Dallas, TX 75	nPace Add Remove
Add Remove Remove Add Remove Add Remove Remove Remove Add Remove Remove Add Remove Remove Add Add Remove Add			1755 Withington Suite 340 Dallas, TX 7	
☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove ☐ If the limited partnership or limited liability limited partnership is amending its "limited"				Add [←] □ Remove
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mited partnership" status, enter change here:	If the limited partnership ited partnership		ty limited partnership is	

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F. If amending any other information	on, enter change(s) her	e: (Attach additional sheets,	if necessary.)
	,		
Effective date, if other than the dat Effective date cannot be prior to nor mod State.)	te of filing:_ re than 90 days after the a	late this document is filed by th	e Florida Department of
Signature(s) of a general partner	r or all general partn	ers*:	
*NOTE: Only one current general partremoving a "limited liability limited partremoving a "limited liability limited liab	nership" election statemen	 Chapter 620, F.S., requires a 	all general partners to sign
			EB E
			新 一
			HO P
			PM 1: 38
Signature(s) of all new or dissoci	iating general partne	r(s), if any:	ATE ATE
			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		