## \_A0800000322

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. PICK-UP WAIT MAIL
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SECRETARY OF STATE

D. BRUCE

NOV 1 4 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Division of (					
SUBJ		Brooksville Housi ame of Florida Limited Par		Liability Limited Pa	artnership)	_ +
The er	closed Certifi	cate of Amendment a	nd fee(s) are subn	nitted for filing.		
Please	return all con	respondence concerni	ng this matter to:			
Patricia	Gilmore					
		(Contact Person)		-		
Prime I	ncome Asset N	Management, LLC			75°	33
		(Firm/Company)		-	<u></u> _	
1800 \	/alley View Lan	o Suito 200			三 語前 表	
1000 V	alley view Lair	(Address)		-	55E	
		()			m co	<u>ا</u> د
Dallas,	TX 75234			_		
	(	(City, State and Zip Code)				<u>5</u>
For fu	rther informat	ion concerning this ma	atter, please call:			<u>သ</u> ဘ
Patricia	a Gilmore		at ( 469	) 522-4368		
	(Name of Cont	act Person)		and Daytime Telep	hone Number)	_
Enclos	ed is a check	for the following amo	unt:			
□ \$52.	50 Filing Fee	☑\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Cop	Fee \$113.75 Oy Certified C Certificate		
STRE	ET ADDRES	SS:	MAILI	ING ADDRESS	):	
Registr	ration Section			ration Section	-	
	on of Corpora	tions	Divisio	n of Corporation	ıs	
	Building			ox 6327		
	Executive Cen		Tallaha	ssee, FL 32314		
i aiiaha	assee, FL 323	901				

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

RST Brooksville Housing, L.P.			
(Insert name currently on	file with Florida Departn	nent of State)	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi 01/11/2008, assigned Fl adopts the following certificate of amendment to	ficate was filed with orida document num	the Florida Department of State or lber A08000000322	1
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the here:	limited partnership (	or limited liability limited partnersh	ip
RST Mallard Bay, L.P.			
(New name must be distinguis	hable and contain an a	cceptable suffix.)	•
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	ship, Limited, L.P., LP, c : Limited Liability Limite	or Ltd. ed Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or princ principal office address here:	ipal office address,	enter new mailing address and/o	<u>)r</u>
New Principal Office Address: (Must be STREET address)		S NOV 1	]
New Mailing Address: (May be post office box)		3 PH P 3	
C. If amending the registered agent and/or regis new registered agent and/or the new registered off	tered office address o ice address here:	on our records, enter the name of t	<u>he</u>
Name of New Registered Agent:			
New Registered Office Address:	(Enter Flori	ida street address)	
		, Florida	
	(City)	(Zip 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)

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	Address	Type of Action
			☐ Add☐ Remove
			☐ Add☐ Remove
			O8 NOV
<del></del>			Add CREMOVER D
			_ ☐ Add & & Control C
	<u> </u>		_ □ Add □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

u	This Limited	Partnership	hereby elects to be a	"Limited Liabilit	y Limited Partnership."
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This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

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Effective date, if other than the date	te of filing		
(Effective date cannot be prior to nor mos State.)	re than 90 days aft	er the date this document is fi	iled by the Florida Departn
state.)			
Signature(s) of a general partner	r or all general	partners*:	
(*NOTE: Only one current general partr	ner is required to si	gn this document unless the l	imited partnership is adding
removing a "limited liability limited partr when adding or removing a "limited liabi	ility limited partner	atement. Chapter 620, F.S., rship" election statement.)	requires all general partners
Roundstone Pevelopment,	ric .	•	
	>		
	<u> </u>		
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( ) NED :	<u> </u>		
Signature(s) of all new or dissoci	iating general p	partner(s), if any:	I A
Signature(s) of all new or dissoci	iating general p	partner(s), if any:	SEOR TALLA
Signature(s) of all new or dissoci	iating general p	partner(s), if any:	SEORETA TALLATAS
Signature(s) of all new or dissoci	iating general p	partner(s), if any:	SECRETARY:
Signature(s) of all new or dissoci	iating general p	partner(s), if any:	SEORETARY OF STALLAHASSEE, FL
Signature(s) of all new or dissoci	iating general p	partner(s), if any:	SECRETARY OF STATI
Signature(s) of all new or dissoci	iating general p	partner(s), if any:	