

APR 17 2009 4:17PM

C S C

NO. 420 P. 1

A08000001019

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.

((H09000093232 3)))



H090000932323ABC

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 : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

09 APR 17 PM 12:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

EHLINGER APARTMENTS, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$61.25

RECEIVED

09 APR 17 AM 6:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Suzie* *by 2556*

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

APR 20 2009

EXAMINER

FILED  
09 APR 17 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**EHLINGER APARTMENTS, LTD.**

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

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 10, 2008, assigned Florida document number A08000001019 adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

(New name must be distinguishable and contain an acceptable suffix.)

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida

(City)

(Zip Code)

FILED  
09 APR 17 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Broward County Housing Authority	4780 North State Road 7 Lauderdale Lakes, Florida 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	BBC-Ehlinger Apartments, Inc. #D09000034159	4780 North State Road 7 Lauderdale Lakes, Florida 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ 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.)**

FILED  
09 APR 17 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

***(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)***

_____	_____
_____	_____
_____	_____
_____	_____

**Signature(s) of all new or dissociating general partner(s), if any:**

See Attachment _____	See Attachment _____
_____	_____
_____	_____
_____	_____

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

APR. 17. 2009 4:47PM

C S C

NO. 420 P. 5

1446638\_1.DOC

ATTACHMENT TO  
CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
EHLINGER APARTMENTS, LTD.

Signature of New General Partner:

BBC-EHLINGER APARTMENTS, INC., a Florida  
corporation, a General Partner

By: 

Joseph M. Cobo  
President/Director

Signature of Dissociating General Partner:

BROWARD COUNTY HOUSING AUTHORITY, a  
General Partner

By: 

Kevin Cregan, Chief Executive Officer

FILED  
09 APR 17 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA