A09000000099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

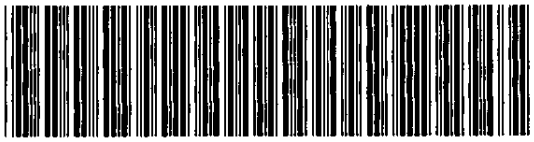
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000141995820

02/09/09-01051-017- #166.25

FILED
09 FEB -9 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

FEB 17 2009

EXAMINER

Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Troon South Limited Partnership
(Name of Surviving Party)

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Warren G. Miller
(Contact Person)

Miller & Miller
(Firm/Company)

15 Court Square, Suite 730
(Address)

Boston, MA 02108
(City, State and Zip Code)

For further information concerning this matter, please call:

Warren G. Miller at (617) 227-6493
(Name of Contact Person) (Area Code and Daytime Telephone Number)

FILED
09 FEB -9 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[x] Certified copy (optional) $52.50

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

Certificate of Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each **merging** party are as follows:

Name	Jurisdiction	Form/Entity Type
A09-99 Troon South Limited Partnership	Florida	Limited Partnership
Troon Limited Partnership	Massachusetts	Limited Partnership

SECOND: The exact name, form/entity type, and jurisdiction of the **surviving** party is as follows:

Name	Jurisdiction	Form/Entity Type
A09-99 Troon South Limited Partnership	Florida	Limited Partnership

FILED
09 FEB -9 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

THIRD: The date the merger is effective under the governing laws of the surviving party is: Date of Filing.

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address: Not applicable

Mailing address:

SIXTH: Other provisions, if any, relating to the merger:

FILED
09 FEB -9 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Troon South Limited Partnership	NES of Delaware, Inc. by David Blacher, President	David Blacher
Troon Limited Partnership	NES of Delaware, Inc. by David Blacher, President	David Blacher

Fees: Filing Fees: $52.50 Per Party
Certified Copy: $52.50 (Optional)
Certificate of Status: $8.75 (Optional)

FILED
09 FEB -9 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA