

**A09 000000599**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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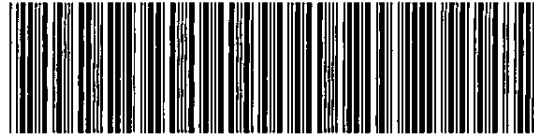
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 AUG 20 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**T. CLINE**

AUG 21 2009

**EXAMINER**

*A09-599*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Defuniak Springs Woodbridge, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kimberly O. Carter, Paralegal

Contact Person

Coleman Talley LLP

Firm/Company

910 N. Patterson Street

Address

Valdosta, GA 31603

City, State and Zip Code

kim.carter@colemantalley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly O. Carter

Name of Contact Person

at ( 229 ) 671-8263

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

FILED  
2009 AUG 20 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**DEFUNIAK SPRINGS WOODBRIDGE, LP**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following certificate of correction.

**FIRST:** The reason for filing this certificate of correction is:

- ☒ The record contained false or erroneous information.  
☐ The record was defectively signed.

**SECOND:** This statement corrects the Certificate of Limited Partnership

Specify document type being corrected

filed with the Florida Department of State on

August 18, 2009

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

The name of the limited partnership previously indicated on the Certificate of Limited Partnership was DEFUNIAK SPRINGS WOODBRIDGE, LP. The correct name of the Limited Partnership is DEFUNIAK SPRINGS WOODBRIDGE, LP.

**FOURTH:** The false or erroneous information or defect is corrected as follows:

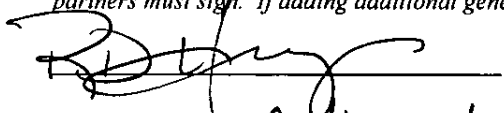
The correct name of the Limited Partnership is DEFUNIAK SPRINGS WOODBRIDGE, LP.

2009 AUG 20 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature of a general partner\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

  
\_\_\_\_\_  
Authorized representative of General Partner  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

2009 AUG 20 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## **Certificate of Limited Partnership**

Name of Limited Partnership:

DEFUNIAK SPRINGS WOODBRIDGE, LP

A09000000599

FILED

August 18, 2009

Sec. Of State

gharvey

Street Address of Limited Partnership:

2002 SUMMIT BOULEVARD  
SUITE 1000  
ATLANTA, GA. 30319

Mailing Address of Limited Partnership:

2002 SUMMIT BOULEVARD  
SUITE 1000  
ATLANTA, GA. 30319

The name and Florida street address of the registered agent is:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL. 33324

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MARIE EDWARDS

The name and address of all general partners are:

Title: G  
WOODBIDGE PARTNER, LLC  
2002 SUMMIT BOULEVARD, SUITE 1000  
ATLANTA, GA. 30319

Signed this Eighteenth day of August, 2009

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: WILLIAM J. REA, JR.