Fax Server

Page 1 of 1

Division of Corporations 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.

(((H10000053635 3)))



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 : 120000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| W | Address | |
|---------|----------|---|
| PARIE I | MCKLEPSS | - |

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION CAROLDALE ASSOCIATES LIMITED PARTNERSHIP

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$52.50 MAR 10 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help/ 010

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| The name of the limited partnership or appears on the records of the Florida Depa Caroldale Associates L | |
|--|---|
| 2. The jurisdiction of its formation is: | Connecticut |
| 3. The date the entity was authorized to tra | ansact business in Florida is: 11-13-1980 |
| 4. If the amendment changes the name of limited partnership, enter the new name: | the limited partnership or limited liability |
| Acceptable Limited Partnership suffixes: Limited I Acceptable Limited Liability Limited Partnership s or LLLP. | Partnership, Limited, L.P., LP, or Ltd. "HO Inflices: Limited Liability Limited Partnership, L.L. had Inflices." |
| 5. If the amendment changes the general peach general partner: Name: | partner(s), list the name and business address and Business Address: |
| Chader Associates LLC WID-1036 | One Penn Plaza, Suite 4015 New York, NY 10119 |
| | |
| | |
| | |
| - | |

| 6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | |
|--|----------|
| 7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: | |
| | |
| | |
| 8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box: | 2 |
| The entity elects to be a limited liability limited partnership. | |
| | 8 - 9 |
| 9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. | ₹ |
| 10. 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.) | 26 |
| | |
| Signature of a general partner: By: Chader ASSOCIATES LLC, general partner By: Chader ASSOCIATES LLC, managing member By: Chader Manager LLC, managing member | |
| Typed or printed name: | ٠ |
| Michael Achner, CEO | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |