

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.

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Corporate Filing Menu

Electronic Filing Menu

Help

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June 4, 2013

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FLORIDA DEPARTMENT OF STATE

KISSIMMEE LEASED HOUSING ASSOCIATES I, LIMITED PARTNERS 2905 NORTHWEST BLVD, SUITE 150
PLYMOUTH, MN 55441

SUBJECT: KISSIMMEE LEASED HOUSING ASSOCIATES I, LIMITED PARTNERSHIP REF: A11000000988

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

WE SHOW THE ADDRESS FOR TPI, LLC, AS 3461 BONITA BAY BLVD., SUITE 202, BONITA SPRINGS, FLORIDA 341340.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jeraline Saulsberry Regulatory Specialist II FAX Aud. #: H13000121266 Letter Number: 813A00013860



COVER LETTER

TO: Registration Division of 0	Section Corporations		
			LIMITED PARTNERSHIP
N	ume of Florida Limited Pa	rtnership or Limited Liabi	lity Limited Partnership
The enclosed Certification	icate of Amendment a	nd fee(s) are submitte	d for filing.
Please return all con	respondence concerni	ng this matter to:	
	John M. Stern		
	Contact Person		
w	inthrop & Weinstine, P.A.	<u> </u>	
	Firm/Company		
225 5	South Sixth Street, Suite 3:	500	
	Address		
	Minneapolis, MN 55402		
	City, State and Zip Code		
	JStem@winthrop.com		
	be used for future annual	report notification)	
For further informat	ion concerning this m	atter places calls	
Lot taillier infollier	ion concerning mis m	atter, prease carr.	
	M. Stern	at (6!2)	604-6588
Name of Contr	ct Person	Arca Code and Da	sytime Telephone Number
Enclosed is a check	for the following amo	ount	
\$\$2.50 Filing Fee	\$61,25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING	ADDRESS:
Registration Section		Registratio	
Division of Corpora	tions		Corporations
Clifton Building	a dia t	P. O. Box 6	· · · ·
2661 Executive Centrallahassee, FL 323		Tallahassec	e, FL 32314
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CLORETARY OF STABLE TRACELARASSEE, RECKIDA

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

KISSIMMEE LEASED HOUSING ASSOCIATES I, LIMITED PARTNERSHIP

Insert name curr	ently on fil	e with Florida Departme	nt of State	
Pursuant to the provisions of section 620 limited liability limited partnership, who December 29, 2011, assi adopts the following certificate of amend	se certific gned Flo	cate was filed with the	ne Florida De er	epartment of State on
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new nam here:	e of the li	mited partnership or	limited liabi	lity limited partnershin
New name must be	distinguish	able and contain an acce	ptable suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				.L.L.P. or LLLP.
B. If amending mailing address and/o principal office address here:	or princi <u>j</u>	pal office address, <u>e</u>	<u>nter new m</u>	ailing address and/or
New Principal Office Add	ress:	2001 West Blue Her	on Boulevard	
(Must be STREET address)		Riviera Beach, Florid	ln 33404	
New Mailing Address: (May be post office bax)				
C. If amending the registered agent and new registered agent and/or the new registered	or registe tered offic	red office address or e address here:	our records	, enter the name of the
Name of New Registered Agent:	TPI Co	mmunilles, LLC		
New Registered Office Address:	2001 V	Vest Blue Heron Bould	vard	
	<u> </u>	Enter Floride	a street addre.	5.5
		Rivlera Beach	, Florida _	33404
		City		Zip Code

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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 Revisional Agent

D. If amonding the general partner(s), enter the name and business address of each general partner being added or removed from our records: Title Name Address Type of Action TPI Communities, LLC 2001 West Blue Heron Boulevard NAdd Riviera Beach, Florida 33404 Remove Kissimmee Leased Housing Associates SLP 1, LLC 2905 Northwest Blvd., Suite 150 Add Remove Plymouth, Minnesota 55441 \Box Add Remove Add Remove □Add Remove 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.)

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Meetive date, if other than the Meetive date cutnot be prior to nor ; and	date of filing: more than 90 days after t	he date this document to filed by the Florida Department of
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MATE: Comy and extract general property and anyting a "Himbod party limited plant adding or removing a "Himbod plant adding or removing a "Himbod plant and anything	nging in the state of the state	his document onless the literised partnership is eaching or cont. Chapter 620, P.S., requires all general partners to sign "selection statement." TPI Communities, 11.0
		Br. St.

estere(s) of all new or disco	clating general per	By Nork S. Monthan
		
ag Fee: tified Copy (opticus!); tificate of Status (opticus!);	\$52.50 \$52.50 \$8.75	
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