

A12493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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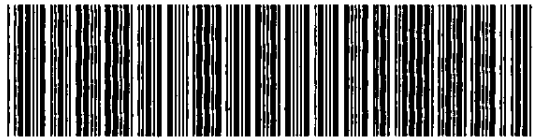
(Business Entity Name)

(Document Number)

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

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02/23/10--01032--001 \*\*113.75

FILED  
10 FEB 23 AM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 24 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Regency Windmeadows Limited Partnership  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Janice A. Scafetta

Contact Person

Regency Windsor Management, Inc.

Firm/Company

2935 20th Street

Address

Vero Beach, FL 32960

City, State and Zip Code

janice@regency-windsor.com

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

For further information concerning this matter, please call:

Janice A. Scafetta

Name of Contact Person

at ( 772 )

469-3134

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

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

**FILED**  
**10 FEB 23 AM 3:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Regency Windmeadows Limited Partnership

2. The jurisdiction of its formation is: Illinois

3. The date the entity was authorized to transact business in Florida is: 5/11/1982

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

\_\_\_\_\_

*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.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Roy H. Lambert

2935 20th Street

Vero Beach, FL 32960

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 statement being corrected and the correction:

This amendment is to remove the S. Clark Butler Revocable Trust Dated 6/10/96  
as a General Partner. Mr. S. Clark Butler is deceased.

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

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.)

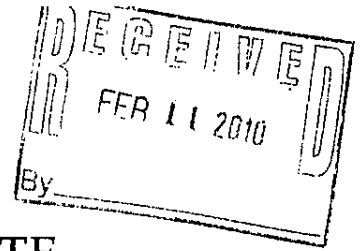
Signature of a general partner:

Roy H. Lambert

Typed or printed name:

Roy H. Lambert

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



# OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

02/04/10

FILE: S003475

JEFFREY B WAMPLER  
411 WEST UNIVERSITY  
CHAMPAIGN, IL. 61820

FILED  
10 FEB 23 AM 3:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RE REGENCY WINDMEADOWS LIMITED PARTNERSHIP

DEAR SIR OR MADAM :

ENCLOSED PLEASE FIND A COPY OF THE CERTIFICATE OF AMENDMENT  
OF THE CERTIFICATE OF LIMITED PARTNERSHIP FILED WITH THIS OFFICE.

THE FEE HAS BEEN RECEIVED AND CREDITED.

SINCERELY YOURS,

JESSE WHITE  
SECRETARY OF STATE  
BUSINESS SERVICES DEPARTMENT  
LIMITED PARTNERSHIP DIVISION  
#(217) 785-8960

S003475

DO NOT STAPLE

**Form LP 202  
January 2008**

**Filing Fee: \$50**

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State.  
Please do not send cash.

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-785-8960  
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**FILED**

**FEB 04 2010**

**JESSE WHITE  
SECRETARY OF STATE**

**FILED  
FEB 23 AM 3:24  
CLERK OF STATE  
JANESVILLE, FLORIDA**

**Illinois Secretary of State  
Department of Business Services  
Amendment to the  
Certificate of Limited Partnership  
(Illinois Limited Partnership or LLLP)**

**Please type or print clearly.**

1. Limited Partnership Name: Regency Windmeadows Limited Partnership
2. File Number assigned by Secretary of State: S003475
3. Date of filing initial Certificate of Limited Partnership: April 5, 1982
4. Federal Employer Identification Number (F.E.I.N.): 59-2194001
5. The Certificate of Limited Partnership is amended as follows:  
(Check applicable changes and specify in item 6. For address changes, P.O. Box alone is unacceptable.)
  - ☐ a) Admission of a new General Partner (give name and business address in item 6).
  - ☒ b) Withdrawal of a General Partner (give name in item 6).
  - ☐ c) Change in General Partner's name and/or business address (give new name and address in item 6).
  - ☐ d) Change in Partner's total aggregate contribution amount (give new dollar amount in item 6).
  - ☐ e) Change in Limited Partnership's name (give new name in item 6).
  - ☐ f) Other (give information in item 6).
  - ☐ g) Dissociation of General Partner (give name in item 6).
6. Item #5 changes (For additional space, continue on next page.):  
S. Clark Butler (Deceased)

**Form LP 202**

6. Item #5 changes (continued)


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Names and Business Addresses of General Partners**

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. The following signatures are required:

- at least one General Partner on record;
- all new General Partners; and
- all Dissociated General Partners.

If adding or deleting a statement that this Limited Partnership is a Limited Liability Limited Partnership, **all General Partners on record must sign.**

1. <u></u> Signature	2. _____ Signature
<u>Roy H. Lambert, General Partner</u> Name and Title (type or print)	_____ Name and Title (type or print)
General Partner Name if corporation or other entity (must be in good standing)	General Partner Name if corporation or other entity (must be in good standing)
<u>2935 20th Street</u> Street Address	_____ Street Address
<u>Vero Beach, FL 32960</u> City, State, ZIP	_____ City, State, ZIP
3. _____ Signature	4. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
General Partner Name if corporation or other entity (must be in good standing)	General Partner Name if corporation or other entity (must be in good standing)
_____ Street Address	_____ Street Address
_____ City, State, ZIP	_____ City, State, ZIP

**Signatures must be in black ink on an original document.**  
**Carbon copy, photocopy or rubber stamp signatures**  
**may only be used on conformed copies.**