# A18059

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
|   |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
| Openia mandonoria to r ming armati.     |  |  |
| L. SELLERS                              |  |  |
|   |  |  |
| JUN <b>- 6</b> 2008                     |  |  |
| EXAMINER                                |  |  |
|   |  |  |

Office Use Only



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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

FILED

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

| SUBJECT:  | South Flori<br>Name of Florida Limited Parts                 | 100   | ty Associates, C   | ±10. |  |
|---|--|---|--|------|--|
| The enclosed Certificate of Amendment and fee(s) are submitted for filing.  |  |   |  |      |  |
| Please return all correspondence concerning this matter to:   |  |   |  |      |  |
| Dav<br>HRM<br>7 W<br>New  | (City, State and Zip Code)                                   | Eger<br>Enc.<br>floor<br>10019  |  |      |  |
| For further information of Co   |  | at ( <u>20</u> )58  | 36-6756<br>Lytime Telephone Number)                            |      |  |
| Enclosed is a check for the following amount:   |  |   |  |      |  |
| □ \$52.50 Filing Fee  | S61.25 Filing Fee<br>and Certificate of<br>Status: Privailly | \$105.00 Filing Fee<br>and Certified Copy                                       | \$113.75 Filing Fee, Certified Copy, and Certificate of Status |      |  |
| STREET ADDRE<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 | on<br>rations<br>enter Circle                                | MAILING A<br>Registration S<br>Division of C<br>P. O. Box 632<br>Tallahassee, I | Section<br>Forporations<br>27                                  |      |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2008

DAVID KLEGER 7 W. 51ST STREET, 5TH FLOOR NEW YORK, NY 10019

SUBJECT: SOUTH FLORIDA REALTY ASSOCIATES, LTD.

Ref. Number: A18059

We have received your document for SOUTH FLORIDA REALTY ASSOCIATES, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a limited liability company, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

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) 245-6967.

Letter Number: 508A00030170

Leslie Sellers Regulatory Specialist II

THE RESERVE TO BOTT COOK MILL TO 11 COOK

# CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

South Florida Realty Associated, Ltd.
(Insert name currently on file with Florida Department of State)

| (msert name currently of   | me with I fortua Department of State)  |
|--|--|
| limited liability limited partnership, whose cert  | Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on Florida document number 4/8059, to its certificate of limited partnership. |
| This amendment is submitted to amend the following   | g:   |
| A. If amending name, <u>enter the new name of the here</u> :   | e limited partnership or limited liability limited partnership   |
| (New name must be distingui  | shable and contain an acceptable suffix.)  |
| Acceptable Limited Partnership suffixes: Limited Partne<br>Acceptable Limited Liability Limited Partnership suffixe. | rship, Limited, L.P., LP, or Ltd.<br>s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.   |
| B. If amending mailing address and/or prin<br>principal office address here:   | cipal office address, enter new mailing address and/or   |
| New Principal Office Address:  |  |
| (Must be STREET address)   |  |
| New Mailing Address: (May be post office box)  |  |
| C. If amending the registered agent and/or reging new registered agent and/or the new registered of                  | istered office address on our records, enter the name of the   |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | (Enter Florida street address)   |
|  | , Florida  |
| <del></del> -  | (City) (Zip Code)  |

## 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 Registered Agent)

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

|       | Title  | Name   | Address 1                     | ype of Action                      |  |  |  |
|-------|--|--|-------------------------------|------------------------------------|--|--|--|
|       | G.P  | Kellogg Partners 84  | New York, NY 10019            | Add Remove                         |  |  |  |
|       |  | <del></del>  |                               | ☐ Add<br>☐ Remove                  |  |  |  |
|       |  | <del></del>  |                               | ☐ Add<br>☐ Remove                  |  |  |  |
|       | ·  |  |                               | ☐ Add<br>☐ Remove                  |  |  |  |
|       |  |  |                               | Add Remove 2008 MAY -8  Add Remove |  |  |  |
| E. If | the limited p  | artnership or limited liability<br>o" status, enter change here: | limited partnership is amendi | AMII:                              |  |  |  |
|       | •  |  |                               |                                    |  |  |  |
|       | This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."                                      |  |                               |                                    |  |  |  |
| a     | This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.                                  |  |                               |                                    |  |  |  |
| (NOT  | (NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.) |  |                               |                                    |  |  |  |

| F. If amending any other information, enter c   | :hange(s) here:    | (Attach additional sheets, )   | if necessary.)                     |
|---|--------------------|--|------------------------------------|
|   |                    |  |                                    |
|   |                    |  |                                    |
|   |                    |  | <del></del>                        |
| ·   | <del></del>        |  |                                    |
|   |                    |  |                                    |
| Effective date, if other than the date of filing (Effective date cannot be prior to nor more than 90 a          | g:/V               | Tay 8, 2008  | <u> </u>                           |
| (Effective date cannot be prior to nor more than 90 a State.)   | lays after the dat | e this document is filed by the  | Florida Department of              |
|   | •                  |  |                                    |
| Signature(s) of a general partner or all ge   | neral nartne       | ·c*•   |                                    |
| (*NOTE: Only one current general partner is require   |                    |  | merchin ic adding or               |
| removing a "limited liability limited partnership" ele-<br>when adding or removing a "limited liability limited | ction statement.   | Chapter 620, F.S., requires all  | general partners to sign           |
|   |                    | 0.11/0   | . /                                |
| H. R. M Realty Inc  |                    | HILLE STATE OF THE | Ser Des                            |
|   |                    | 07. 211110 3   | <i>F.C. F.C.</i>                   |
|   |                    | · ·  |                                    |
|   |                    |  |                                    |
|   |                    |  |                                    |
| Signature(s) of all new or dissociating gen   | eral partner(      | s), if any:  |                                    |
| Kellogg Partners 84   |                    | [1/0/l//lil  | nel                                |
|   | i                  | 84: DAVID 3  | ACPERT                             |
|   | •                  |  |                                    |
|   |                    |  |                                    |
|   |                    |  | 77.20                              |
|   |                    | ,  | ECRET AHAY                         |
| Filing Fee: \$52.50<br>Certified Copy (optional): \$52.50   |                    |  | TARN<br>ASS                        |
| Certificate of Status (optional): \$8.75  |                    |  | E P                                |
|   | Dog 2 - 60         |  |                                    |
| ·   | Page 3 of 3        |  | )<br>I: <b>LO</b><br>TATE<br>ORIDA |