



A 20554

ACCOUNT NO. : 072100000032

REFERENCE : 163041 4342718

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ ~~85.00~~

FILED
01 JUN -4 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 24, 2001

ORDER TIME : 3:16 PM

ORDER NO. : 163041-005

CUSTOMER NO: 4342718

CUSTOMER Mr. Peter Kelly
Glenn Rasmussen & Fogarty
Suite 1300
100 South Ashley Drive
Tampa, FL 33602

900004316339--4

DOMESTIC AMENDMENT FILING

NAME: LAKESHORE VILLA HEALTH CARE,
LTD.

EFFECTIVE DATE:

5

BK

XX ☐ ARTICLES OF AMENDMENT
XX ☐ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
XX ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 1114

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 25, 2001

SARA LEA
CSC
TALLAHASSEE, FL

SUBJECT: LAKESHORE VILLA HEALTH CARE, LTD.
Ref. Number: A20554

FILED
01 JUN -4 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LAKESHORE VILLA HEALTH CARE, LTD. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The amount required to file this LIMITED PARTNERSHIP document is \$52.50. Please authorize us to change the amount on your cover sheet.

Also, the new R.A. -- PETER J. KELLY, ESQ. -- MUST SIGN a statement accepting his designation.

We also want to inform you that this limited partnership has not yet filed its 2001 Uniform Business Report. This was supposed to have been filed before May 1, 2001.

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 201A00032267

RESUBMIT
Please give original
submission date as file date.

2001 JUN -4 AM 8:56

TO AGENCY, LEDGE
SUFFICIENCY OFFILING

**AMENDED AND RESTATED CERTIFICATE OF LIMITED
PARTNERSHIP OF GOEHRING FAMILY PARTNERSHIP I, LTD.
FORMERLY LAKESHORE VILLA HEALTH CARE, LTD.**

The undersigned hereby executes and swears to this Amended and Restated Certificate of Limited Partnership. The Certificate of Limited Partnership for Lakeshore Villa Health Care, Ltd. is hereby amended and restated as follows:

1. **Name of Limited Partnership.** The name of the Limited Partnership is "Goehring Family Partnership I, Ltd."

2. **Date of Filing Certificate.** The Certificate of Limited Partnership was filed on August 12, 1985. The Amended and Restated Certificate of Limited Partnership was filed on December 12, 1985 and a Certificate of Amendment of Limited Partnership was filed on December 27, 1994.

3. **Address of Record Keeping Office; Agent For Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106 shall be located 6428 Renwick Circle, Tampa, Florida 33647 and the name of the Partnership's Agent for Service of Process at said address is Roland A. Goehring.

4. **Name and Business of the General Partners.** The names and addresses of the General Partners are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Goehring Family Corporation (formerly know as Lake Shore Villas, Inc.)	6428 Renwick Circle Tampa, Florida 33647

5. **Mailing Address for the Limited Partnership:** 6428 Renwick Circle, Tampa, Florida 33647.

6. **Term of the Partnership.** The term the Partnership is to exist shall be fifty (50) years from the date of filing of the original Certificate of Limited Partnership.

This Amended and Restated Certificate of Limited Partnership has been duly executed and is being filed with the office of the Florida Secretary of State in accordance with Florida Statutes §620.109.

Dated this 11 day of May, 2001.

GENERAL PARTNER:

**GOEHRING FAMILY CORPORATION
A FLORIDA CORPORATION**

By: 
Roland A. Goehring, President

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FILED
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TALLAHASSEE, FLORIDA