

A 22203

OFFICE USE ONLY (Document #)

ANN HILL/SMITH & THOMPSON, P.A.

(Requestor's Name)

3520 Thomasville Road, 4th Floor

(Address)

Tallahassee, Florida 32308 . 893-4105

(City, State, Zip)

(Phone #)

01 JUN 21 AM 9:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Stephen C. O'Connell Land Partners, LTD.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in Pick up time _____ Certified Copy

Mail out Will wait Photocopy Certificate of Status

LP-17.50

100004435671--4
-06/22/01--01002--004
*****35.00 *****35.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

100004435671--4
-06/25/01--01023--008
*****17.50 *****17.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2:54 PM

2001 JUN 21

Examiner's Initials

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED
01 JUN 21 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STEPHEN C. O'CONNELL LAND PARTNERS, LTD.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on March 13, 1986, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (indicate article number(s) being amended, added, or deleted)

Added: Paragraph 17. Stephen C. O'Connell, Jr. shall replace the original General Partner, Stephen C. O'Connell, who is now deceased.

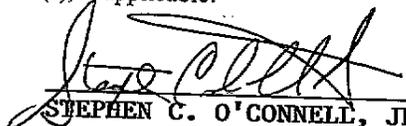
A copy of the Resolution Appointing New General Partner and a certified copy of the death certificate are attached hereto.

Stephen C. O'Connell, Jr., at 1351 East Tennessee Street, Tallahassee, FL 32308, is also appointed Registered Agent for the Limited Partnership. His address is also the Limited Partnership's new Principal Office Address and it's new Mailing Address.

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature(s)
Signature of current general partner:

Signature(s) of new general partner(s), if applicable:



STEPHEN C. O'CONNELL, JR.

RESOLUTION APPOINTING NEW GENERAL PARTNER

A meeting of the limited partners of Stephen C. O'Connell Land Partners, Ltd was held at 6:00 p.m. on May 21, 2001 at 1505 O'Connell Lane. In attendance were Stephen C. O'Connell, Jr., Landon O'Connell, Cynthia O'Connell, Maureen O'Connell Stuart and W. Crit Smith. The individuals present were authorized to vote more than 75% of the shares of the limited partnership.

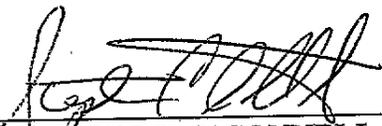
At the request of all present, Stephen C. O'Connell, Jr. agreed to act as general partner of Stephen C. O'Connell Land Partners, Ltd.

Therefore, it was unanimously agreed that Stephen C. O'Connell, Jr. shall act as general partner of Stephen C. O'Connell Land Partners, Ltd. and shall be given full authority to take whatever action shall be necessary to act as general partner including but not limited to having full signatory authority on all bank accounts of Stephen C. O'Connell Land Partners, Ltd.

DATED this 23^d day of May, 2001.



W. CRIT SMITH
Attorney



STEPHEN C. O'CONNELL, JR.
General Partner

FILED
JUN 21 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

01 JUN 21 AM 9:21
TALLAHASSEE, FLORIDA
FILED

LOCAL FILE NO.

1. DECEDENT'S NAME		FIRST Stephen	MIDDLE Cornelius	LAST O'Connell	2. SEX Male
3. DATE OF DEATH (Month, Day, Year) April 13, 2001		4. SOCIAL SECURITY NUMBER 263-03-2426		5a. AGE-Last Birthday (years) 85	5b. UNDER 1 YEAR Months Days
6. DATE OF BIRTH (Month, Day, Year) January 22, 1916		7. BIRTHPLACE (City and State or Foreign Country) West Palm Beach, Florida			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)		9b. INSIDE CITY LIMITS? (Yes or No) No		9c. COUNTY OF DEATH Leon	
9c. FACILITY NAME (If not institution, give street and number) 1505 O'Connell Lane		9d. CITY, TOWN, OR LOCATION OF DEATH Tallahassee		9e. COUNTY OF DEATH Leon	
10a. DECEDENT'S USUAL OCCUPATION Gentleman/ Farmer	10b. KIND OF BUSINESS/INDUSTRY Farming	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Cynthia F. Bowling		
13a. RESIDENCE - STATE Florida	13b. COUNTY Leon	13c. CITY, TOWN, OR LOCATION Tallahassee	13d. STREET AND NUMBER 1505 O'Connell Lane		
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 32311	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. Specify. White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 5 (0-12)) 5+
17. FATHER'S NAME (First, Middle, Last) Daniel J. O'Connell			18. MOTHER'S NAME (First, Middle, Maiden Surname) Nora McKenna		
19a. INFORMANT'S NAME (Type/Print) Cynthia F. O'Connell		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1505 O'Connell Lane, Tallahassee, Florida 32311			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Roselawn Cemetery		20c. LOCATION - City or Town, State Tallahassee, Florida	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Shirley C. M... ..</i>		21b. LICENSE NUMBER (of Licensee) 3299	21c. NAME AND ADDRESS OF FACILITY Culley's Meadowood Funeral Home 1737 Riggins Road Tallahassee, Florida 32308		
22a. To be completed by CERTIFYING PHYSICIAN ONLY I, the best of my knowledge, regard occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr) April 19, 2001		22c. HOUR OF DEATH 1:15 P. M.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>			
23b. DATE SIGNED (Mo., Day, Yr)		23c. HOUR OF DEATH			
23d. MEDICAL EXAMINER'S CASE #					
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) B.D. Robinson M.D., 1401 Centerville Road #700 Tallahassee, Florida 32308					
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		25c. DATE REGISTERED May 1, 2001	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → metastatic small cell lung cancer Approximate Interval Between Onset and Death: ~10 mon Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. COPD, CAD, hypertension		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No	30a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)		
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined. Natural	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED	
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: *Marilyn M... ..*
5/1/01
State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

8419532

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1564A (3/99)

