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ANN HILL/SMITH & THOMPSON, P.A.

(Requestor's Name)

3520 Thomasville Road, 4th Floor

(Address)

Tallahassee, Florida 32308 893-4105

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

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

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-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

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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

PM 2:54

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DIVISION OF FILING

Examiner's Initials

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

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.

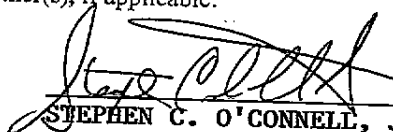
Stephen C. O'Connell, Jr., at 1351 East Tennessee Street, Tallahassee, FL 32308, is also appointed Registered Agent for the Limited Partnership. His address is also the Limited Partnership's new Principal Office Address and it's new Mailing Address.

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.

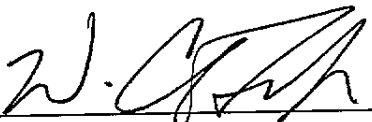
RESOLUTION APPOINTING NEW GENERAL PARTNER

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 23rd day of May, 2001.



W. CRIT SMITH
Attorney



STEPHEN C. O'CONNELL, JR.
General Partner

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA01 JUN 21 11:08
FILED
TALLAHASSEE, FLORIDA

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			
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 1505 O'Connell Lane		9d. CITY, TOWN, OR LOCATION OF DEATH Tallahassee		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
9c. FACILITY, NAME (If not institution, give street and number)		9e. COUNTY OF DEATH Leon		9b. INSIDE CITY LIMITS? (Yes or No) No	
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		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No Yes	
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) 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>[Signature]</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 the best of my knowledge, death 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.	
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) May 1, 2001	
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		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) 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 cops, CAD, hypertension	
30b. DATE OF SURGERY (Mo., Day, Year)		31. PROBABLE MANNER OF DEATH (Specify) 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) M		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		33. DATE OF DEATH (Month, Day, Year)	

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

BY:

Marilyn M. Morris
5/1/01

State Registrar

WARNING:

THIS DOCUMENT IS PRINTED 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.

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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)

FLORIDA DEPARTMENT OF
HEALTH

CERTIFICATION OF VITAL RECORD