

05/16/14 1:40 FAX

Division of Corporations

002

Page 1 of 1

A24662

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H140001096173)))



H140001096173ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN  
Account Number : 076077002775  
Phone : (407) 246-8678  
Fax Number : (407) 423-7014

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DFRICKER@WHWW.COM

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
T.H. OLD TOWN ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

MAY 19 2014

CLIVE

RECEIVED

14 MAY 16 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

05/16/14 13:40 FAX

001

850-617-6381

5/18/2014 10:25:22 AM PAGE 1/001 Fax Server



1 of 5

May 16, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

T.H. OLD TOWN ASSOCIATES, LTD.  
5770 W. IRLO BRONSON MEMORIAL HIGHWAY  
SUITE 324  
KISSIMMEE, FL 34746

SUBJECT: T.H. OLD TOWN ASSOCIATES, LTD.  
REF: A24662

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L11000024510.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

FAX Aud. #: H14000109617  
Letter Number: 814A00010576

RECEIVED

14 MAY 16 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

Florida Dept. of State Electronic Filing  
Facsimile Audit No. H140001096173

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

T.H. OLD TOWN ASSOCIATES, LTD.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on June 10, 1987, assigned Florida document number A24662, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

OLD TOWN ASSOCIATES 2014, LTD.

New name must be distinguishable and contain an acceptable suffix.

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.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

WHWW, Inc.

New Registered Office Address:

390 N. Orange Avenue, Suite 1500

*Enter Florida street address*

Orlando

*City*

, Florida

32801

*Zip Code*

Florida Dept. of State Electronic Filing  
Facsimile Audit No. 1140001091073

**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.*

*Sebastian L. Lario, VP of WHW, Inc.*  
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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Old Town GP, Inc.	5770 W. Irlo Bronson Memorial Hwy. Ste 324 Kissimmee FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	T.H. Old Town, Inc.	5770 W. Irlo Bronson Memorial Hwy. Ste 324 Kissimmee FL 34746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

Florida Dept. of State Electronic Filing  
Facsimile Audit No. H140001096173

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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.)*

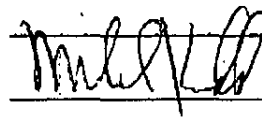
**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Old Town GP, Inc., a Florida corporation

By: \_\_\_\_\_

Michael Kidd, Vice President



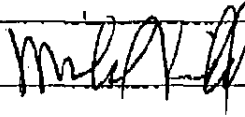
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAY 16 AM 8:19

**Signature(s) of all new or dissociating general partner(s), if any:**

Old Town GP, Inc., a Florida corporation

By: \_\_\_\_\_

Michael Kidd, Vice President



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