A26839

(F	Requestor's Name)
(<i>f</i>	Address)
(<i>P</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
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/h

J. BRYAN

JAN -7 2011

EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:N	Hug ame of Florida Limited P	guenot Harbour, Ltd. Partnership or Limited Liability Limited Partnership	
The enclosed Certif	icate of Amendment	and fee(s) are submitted for filing.	
Please return all cor	respondence concern	ning this matter to:	
	Barbara Magalski		
	Contact Person		
Paren	t Management Con	npany 🔑 😅 🛨	
	Firm/Company		4 Au
6	13 South 12th Stre	et 🗐 🗐	۱.
	Address	· · · · · · · · · · · · · · · · · · ·	ŧ,
		Ro #	
	esburg, Florida 347 City, State and Zip Code		
)
	dipmc2@comcast.)
E-mail address: (to	be used for future annua	al report notification)	
For further informat	tion concerning this r	matter, please call:	
Barbar	a Magalski	at (352) 787-2700	
Name of Contr		Area Code and Daytime Telephone Number	
Enclosed is a check	for the following am	nount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	and Certified Copy S105.00 Filing Fee Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corpora	tions	Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Cen		Tallahassee, FL 32314	
Tallahassee, FL 323) VI		



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2010

BARBARA MAGALSKI PARENT MANAGEMENT COMPANY 613 SOUTH 12TH STREET LEESBURG, FL 34748

SUBJECT: HUGUENOT HARBOUR, LTD.

Ref. Number: A26839



We have received your document for HUGUENOT HARBOUR, LTD. and your check(s) totaling \$1113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 010A00029820

CERTIFICATE OF AMENDMENT
TO CERTIFICATE OF LIMITED PARTNERSHIP
OF
Huguenot Harbour, Ltd.
Insert name currently on file with Florida Department of State

				*
Pursuant to the provisions of section 620. limited liability limited partnership, whos July 27, 1988, assig	e certific	cate was filed with the	Florida D	epartment of State on
adopts the following certificate of amenda				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name here:	of the li	mited partnership or l	imited liabi	llity limited partnership
	ı	N/A		
New name must be d	istinguish	N/A able and contain an accep	table suffix.	
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	princij	oal office address, <u>en</u>	ter new m	ailing address and/or
New Principal Office Address (Must be STREET address)	ess:	613 South 12th Str Leesburg, Florida	,	
New Mailing Address: (May be post office box)		613 South 12th Str Leesburg, Florida	reet 34748	
C. If amending the registered agent and/o new registered agent and/or the new registe			our records	s, enter the name of the
Name of New Registered Agent:	Hugu	enot Harbour, LLC		
New Registered Office Address:	613 S	outh 12th Street		
-		Enter Florida .	street addre.	ss
		Leesburg	, Florida _	34748
		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:

Tie	<u>tle</u>	<u>Name</u>	Address	Type of Action
	alue	Partners-Florida L.L.C. #L10000091046 Huguenot Harbour, LL	Saint Petersburg, Florida 33716	Add Remove Add Remove
	e limit	ed partnership or limited liab	pility limited partnership is amen	Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove
·		rship" status, enter change her	re: o be a "Limited Liability Limited Pa	artnerchin "
·	R19 T1[[]	nica i ai mei suib neceny elects to	o de a "Limiteu Liadnity Limited Pi	arwership."

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

ffective date, if other than the date of filing:	
Hective date cannot be prior to nor more than 90 days after the date this document is file	d by the Florida Department of
ate.)	
ignature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document unless the limmoving a "limited liability limited partnership" election statement. Chapter 620, F.S., rec	
hen adding or removing a "limited liability limited partnership" election statement.)	deriver an Barrerar barrerare and
GENERAL PARTHER DECEASED -	
SENERAL CONSERVATOR has	
GEFU AppoiNTED.	
BEFN AppoinTED.	
GENERAL VARTUER DECEASED GENERAL CONSERVATOR has BEFU Appointed. Ignature(s) of all new or dissociating general partner(s), if any:	
BEFN AppoinTED.	
BEFN AppoinTED.	
BEFN AppoinTED.	SECRETARY OF STA
BEFN AppoinTED.	SECRETARY OF ALLI AHASSE
BEFN AppoinTED.	SECRETARY OF STA