# A28549

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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SECRETARY OF STATE
SECRETARY OF STATE

A28549



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2007

LYNN KRIESSLER 28601 CHAGRIN BLVD., SUITE 500 CLEVELAND, OH 44122

SUBJECT: BOYKIN LIMITED PARTNERSHIP

Ref. Number: A28549

We have received your document for BOYKIN LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report/uniform business report or reinstatement must be filed and the appropriate fee submitted before your document can be filed.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 007A00061929

2007 NOV -7 PM 1: 40

### **COVER LETTER**

TO: Registration Division of	n Section Corporations				
	kin Limited Partn				
	Name of Foreign Limited I	Partnership or Limited	Liability Limited Partne	ership)	
The enclosed amen	ndment and fee(s) are s	submitted for filing	<b>.</b>		
Please return all co	rrespondence concern	ing this matter to:			
Lynn A. Kriess	sler, Esq.				
•	(Contact Person)				
Mevers, Roma	an, Friedberg & I	Lewis			
	(Firm/Company)		-		
	51 1 6 11 50				
28601 Chagri	n Blvd., Suite 50	0	-		
	(Address)				
Cleveland, Oh		<u></u>	-		
	(City, State and Zip Code	e)			
For further informa	ation concerning this n	natter, please call:			
Lynn A. Kriess	_	at ( 216	、831-0042		
	Contact Person)		nd Daytime Telephone	Number)	
Enclosed is a check	k for the following am	ount.			
Eliotosca is a officer	t for the following and	our.	•	ZAZ SE	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop		, and fil	eren
STREET ADDRE	SS:	MAIL	ING ADDRESS:	7 C	
Registration Sectio			ation Section	PH 1: 40 OF STATE EE. FLORIDA	Est.
Division of Corpor	ations		n of Corporations	DR TA	Tage
Clifton Building		P. O. Box 6327			
2661 Executive Ce		Tallaha	ssee, FL 32314	<del>ك</del>	
Tallahassee, FL 32	2301				

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:  Boykin Limited Partnership								
2. The jurisdiction of its formation is: Oh	nio .							
3. The date the entity was authorized to transact business in Florida is: May 2, 1995								
4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:								
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership or LLLP.	Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P.							
5. If the amendment changes the general each general partner: Name:	partner(s), list the name and business address of Business Address:							
Boykin Miami I, Inc.	FOIS W. Kenton Circle Suite Huntersville, NC 28078	220						
	SECRETARY OF STA							

6. If the amendment changes the ju	risdiction of organization, indicate new ju	ırisdiction:	
7. If the amendment corrects any fastatement being corrected and the co	alse statement listed in the application, incorrection:	licate the	
8. If the amendment is to add or departmership statement, check the app	lete an election to be a limited liability lin propriate box:	nited	
The entity elects to b	e a limited liability limited partnership.		
The entity is no long	er a limited liability limited partnership.		
aforementioned amendment(s), duly	e, no more than 90 days olds, evidencing to authenticated by the official having cust law of which this entity is organized.		
10. Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)	date of filing:	by the Florida	
Signature of a general-partner:			
Typed or printed name:			
BOYKIN MIAMI I, INC., by	Robert W. Boykin, President	,	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	2007 NOV -7 SECRETARY TALLAHASSE	3 1
	Page 2 of 2	7 PM 1:41 RY OF STATE SEE. FLORIDA	

DATE	DOCUMENT NO	DESCI	RIPTION			FILING	EXPED	PENALTY	CERT	COPY	
10/15/1998	199828200310	LPA	AMENDMENT/LIMITED PARTNERSHIP			10 00	0.00	0.00	0.00	0.00	
			•	•	TOTAL	10 00	0.00	0.00	0.00	0.00	

Return To: CT CORP. 17 S HIGH ST COLUMBUS, OH 43216-0000

--cut along the dotted line-



### The State of Ohio & Certificate &

Secretary of State - Bob Taft

909632

It is hereby certified that the Secretary of State of Ohio has custody of the business records for BOYKIN LIMITED PARTNERSHIP and that said business records show the filing and recording of:

<u>Document(s)</u> AMENDMENT/LIMITED PARTNERSHIP

<u>Document No(s);</u> 199828200310

United States of America State of Ohio Office of the Secretary of State



Witness my hand and the seal of the Secretary of State at Columbus, Ohio, This 7th day of October, A.D. 1998

> Bob Taft Secretary of State

Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 42266-0418
Form LPA (July 1994)

Regist	ration #	
Appr	oved	
Date		_
Fee	\$10	_

#### CERTIFICATE OF AMENDMENT OF LIMITED PARTNERSHIP

The Certificate of Limited Partnership of	ſ
	(name of limited partnership)
BOYKIN LIMITED PARTNERSHIP	
initially filed on OCTOBER 22, 1987	, and filed on THINE 25, 1995 with
month day yea	
the Ohio Secretary of State, and assigned registr	ration number 909632, is
	(registration number)
hereby amended as follows:	
The name and address of the General Pa	organ da an fallana
and mame and address of the dentity is	archer 18 as 10110Wa:
BOYKIN MIAMI I, INC.	
1500 Guild Hall	RECEIVED
45 W. Prospect	LIEOLIVED
Cleveland, Ohio 44115	1111 1 0 1000
	JUL 1 6 1998
	BOB TAFT
	SECRETARY OF STATE
	···-
(If insufficient space for the amendment, please attach sep	erole sheet(s))
IN WITNESS WHEREOF, the undersigned ha	sue executed this Certificate the 12+ Liday
of <u>nin.y</u> , 19	
	<del>98</del> *
Signed: (FI)	Signed:
Print Name: Contact	Signou.
Signed:	
Signed.	2 i gneu:
INSTRUC	CTIONS
). The coefficient of compulations must be algorid by at least one CENES in the coefficient of complement.	BAL PARTYER and used to signed by each user graced parter designated
2. A captificate of Maximal parametristy MUST be meanded within 30 day	
a. a west property professor in admittant; [, b. a graphy professor visitation or; g,	the address of the plaintery again changes; the name of the limited partnership changes.
b. a general perture withdrawa; g. 4. the passe or identity of the statutory agent changes;	an arm at an internal formula (verific)
4. the address of the principal place of business of the limited partnersh	
E. the horizont is equipmed purchase to mesting 1782.44 of the Revised sensors perfect.	Count wifeld wiff decime of degree and my

[Ohio Revised Code Section 1782.09]



CORRESPONDENCE

Name: CT Coxp

Address: 175. High St

City: Coll State Off Zip 43216

### UNITED STATES OF AMERICA, 909832 STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE

32

I, Jennifer Brunner, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of \_\_\_\_\_\_ pages, as taken from the original record now in my official custody as Secretary of State.



WiTNESS my hand and official seal at Columbry Ohis, this 24 day of A.D. 2227

Junifor Ruma

JENNIFER BRUNNER
Secretary of State

NOTICE: This is an official certification only when reproduced in red ink