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09 APR -8 PM 4: 21

SECRETARY OF STATE



J. BRYAN

APR - 9 2009

EXAMINER

COVER LETTER

TO: Registration Solution of Co				
SUBJECT:(Name of Fi		Cales Limited Cability Limit		jp
The enclosed Certifica	ate of Amendment ar	nd fee(s) are submitted	for filing.	
Please return all corre	spondence concernir	ng this matter to:		
333 North	(Firm/Company) h Portage ing(Address) H 44303 ty, State and Zip Code) n concerning this ma	Limited Partne 2. Parlu#3 1-1250	09 APR -8 PM 4: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(Name of Gontac	t Person)	(Area Code and Da	nytime Telephone Number)	,
Enclosed is a check fo	r the following amou	unt:		
	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section	:	MAILING A Registration S		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



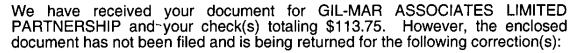
FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2009

JOANNE D. DANNEMILLER GIL-MAR ASSOCIATES LIMITED PARTNERSHIP 333 NORTH PORTGAGE PATH #3 AKRON, OH 44303-1250

SUBJECT: GIL-MAR ASSOCIATES LIMITED PARTNERSHIP

Ref. Number: A29075



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: 109A00010601

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

, OF
Gil-Mar Associates Limited Partnership (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 Ottober 7, 1989, adopts the following certificate of amendment to its certificate of limited partnership.
FIRST: Amendment(s): (Indicate information being amended, added, or deleted)
Delete: General Partner Marguerite H Dilley Deceased - Copy of Death Certificale enclosed;
No additional Changes.
53 5 T
SECOND: 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(s)*: (*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.) (**Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)
/
Signature(s) of <u>new</u> or <u>dissociating</u> general partner(s), if any:
Marguerite H. Dilley (Deceased) by friend harminal with the street Status (optional): \$52.50 Certificate of Status (optional): \$8.75 Marguerite A. Gilley Inc.
Filing Fee: \$52.50
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 Marguerite A. Silley Inc.

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

POTICION DE CODI

ov

DH 512, 8/95 (Repizces HR Form 512)

J. H'standald

GASTROESOPHAGEAG

12b. TIME OF

NJURY

FEB 0 5 2003 State Registrar

27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUS

324 DESCRIBE HOW INJURY OCCURRED

WARNING: 14254844

HYPELTENSION

FREGULACY PATHERE A
FREGULATOY PATHERE AS
1 MONTHS? YET X
PROBABLE MANNER OF

DEATH (Specify)
Natural, accident, succide.

Natural

HYPOTHY ROIDISM

32a DATE OF INJURY

2e. PLACE OF INJURY - At ho street, factory, etc. (5pcph)

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.

27a. WAS AN AUTOPSY PERFORMED?

32c, INJURY AT WORK?

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 1564 (10-98)

28. CASE REPORTED TO MEDICAL-EXAMINER? (1965 OF MO)

