

**A29571**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

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 12 APR 19 AM 9:15  
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 TALLAHASSEE, FLORIDA

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
 FLORIDA LAKEWOOD VILLAGE LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

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**D. BRUCE**  
 APR 20 2012  
 He Examiner

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Lakewood Village Limited Partnership  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lou Ann Morse  
Contact Person

c/o Aspen Square Management, Inc.  
Firm/Company

380 Union St., Suite 300  
Address

West Springfield, MA 01089  
City, State and Zip Code

lou\_ann\_morse@aspensquare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Ann Morse at ( 413 ) 439-6381  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee    ☐ \$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  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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12 APR 19 AM 9:15  
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TALLAHASSEE, FLORIDA

**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:

Florida Lakewood Village Limited Partnership

2. The jurisdiction of its formation is: Massachusetts

3. The date the entity was authorized to transact business in Florida is: 1/30/1990

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 Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Nepssa 1997 Property Investors, Inc.

380 Union Street, Suite 300

West Springfield, MA 01089

F97000002164

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TALLAHASSEE FLORIDA

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

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8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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.)

FLORIDA LAKEWOOD VILLAGE LIMITED PARTNERSHIP  
By Napsa 1997 Property Investors, Inc., its General Partner

Signature of a general partner:



Typed or printed name:

John Harrelson  
Assistant Treasurer

Jeffrey M. Strole  
Assistant Vice President

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

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TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

April 17, 2012

To Whom it May Concern:

I hereby certify that according to the records in this office, a Certificate of Formation of Limited Partnership was filed in this office by

**FLORIDA LAKEWOOD VILLAGE LIMITED PARTNERSHIP**

in accordance with the provisions of Massachusetts General Laws, Chapter 109, on December 14, 1989.

I further certify that said Limited Partnership has filed all annual reports due and paid all fees with respect to such reports; that said Limited Partnership has not filed a Certificate of Cancellation; that said Limited Partnership has not been administratively dissolved; and that, so far as appears of record, said Limited Partnership has legal existence and is in good standing with this office.

I also certify that the names of the General Partners as listed in the most recent filings are as follows:

**NEPSA 1997 PROPERTY INVESTORS, INC.**  
**380 UNION ST., SUITE 300**  
**WEST SPRINGFIELD, MA 01089 USA**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth

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