

A 30698

JM INVESTMENT PROPERTIES, LTD.  
P.O. BOX 547549  
ORLANDO, FLORIDA 32854-7549

January 9, 1997

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed for filing is an original and one (1)  
conformed copy of the Amendment to the Certificate of Limited  
Partnership of JM Investment Properties, Ltd., together with the  
filing fee of \$52.50.

Please address your return correspondence to:

D. Christopher Mason  
P.O. Box 547549  
Orlando, Florida 32854-7549  
Daytime Tel No.: (407) 423-2550

Sincerely,

  
D. Christopher Mason

FILED  
97 MAR 10 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name	
Residential	
Document	DCC
Fee	DCC
Power	
Verifying	Q
Acknowledgement	DCC
W. P. Verifier	DCC

300002108513--6  
-03/10/97--01096--001  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

A 30698

FIRST AMENDMENT TO THE  
JM INVESTMENT PROPERTIES, LTD.  
CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act of 1986, the undersigned General Partners (being an original General Partner and the new General Partner) of JM Investment Properties, Ltd. (the 'Limited Partnership') present this Amendment to the Certificate of Limited Partnership for filing. The Limited Partnership's Certificate of Limited Partnership is hereby amended in the following manner:

1. Name of Limited Partnership. The name of the limited partnership is JM Investment Properties, Ltd.

2. Date of Filing of Original Certificate. The date of filing of the original Certificate of Limited Partnership with the Florida Department of State was October 10, 1990, and said Certificate was recorded as Document Number A30698.

3. Terms of the Amendment. The Certificate of Limited Partnership is hereby amended by deleting Section 3 thereof and by substituting the following new Section 3 as follows:

"3. Name and Address of General Partner. The name and the business address of the sole general partner is as follows:

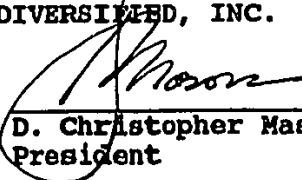
<u>Name</u>	<u>Address</u>
CCM Management, Inc. P96000100196	1338 SW Ivanhoe Blvd. Orlando, Florida 32804"

4. Due Execution and Compliance with Statute. This Amendment to the Certificate of Limited Partnership was duly executed and is being filed in accordance with Fla. Stat. § 620.109.

IN WITNESS WHEREOF, the applicable General Partners have executed this Amendment to the Certificate of Limited Partnership effective as of the 1st day of January, 1997.

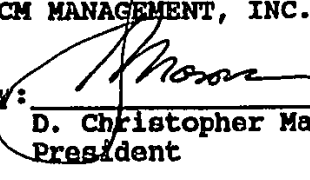
Original General Partner:

JM DIVERSIFIED, INC.

By:  (SEAL)  
D. Christopher Mason,  
President

New General Partner:

CCM MANAGEMENT, INC.

By:  (SEAL)  
D. Christopher Mason,  
President

FILED  
97 MAR 18 PM 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# A31890

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

**THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.**

Name: <u>Perdido Bay Golf Club Limited Partnership</u>	EIN or SS#: <u>57-0939063</u>
Address: <u>P. O. Box 2324</u>	
<u>Greenville, SC 29602</u>	
Amount: <u>500.00</u>	Date Paid: _____
Reason for Claim: <u>Refund due to overpayment of filing.</u>	
<u>Kenny Manning/Registration</u>	
<u>A31890 / Perdido Bay Golf Club Limited Partnership</u>	
Certified true and correct this <u>6<sup>th</sup></u> day of <u>March</u> , 19 <u>97</u>	
Signature <u>[Signature]</u>	

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

RECEIVED  
97 MAR 25 AM 11:26  
DIVISION OF CORPORATIONS

<b>Do Not Write in This Box - For Agency Use Only</b>	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ <u>500.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01101 001</u> dated <u>02/25/97</u>	
NAME OF ACCOUNT: _____	
<u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>620.0182</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: _____	
<u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
<u>Department of State, Division of Corporations</u>	_____
(Agency)	(Authorized Agency Signature and Title)