

A 30733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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06/17/10--01027--016 \*\*25.00

06/29/10--01003--015 \*\*27.50

FILED  
10 JUN 28 PM 3:00  
TALLAHASSEE, FLORIDA

S. HAWKES  
JUN 29 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2010

JOHN GIBSON, LTD  
5754 BENEVENTO DRIVE  
SARASOTA, FL 34238-2876

SUBJECT: JOHN GIBSON, LTD.  
Ref. Number: A30733

We have received your document for JOHN GIBSON, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 210A00015109

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** John Gibson Limited  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRUCE G JACKSON  
Contact Person  
John Gibson Limited  
Firm/Company  
5754 Benevento Dr  
Address  
Sarasota FL 34238-2876  
City, State and Zip Code  
BRUCE@JAXFAM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE G JACKSON at ( 941 ) 400-4950  
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

*52.50 - Fee  
- 25.00 - sent previously to you  
\$ 27.50 - amt enclosed*

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

John Gibson, Limited

Insert name currently on file with Florida Department of State

FILED  
10 JUN 28 PM 3:00  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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 10/25/90, assigned Florida document number A30733, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

*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 LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:  
(Must be STREET address)

5754 Benevento Dr  
Sarasota, FL 34238-2876

New Mailing Address:  
(May be post office box)

5754 Benevento Dr  
Sarasota, FL 34238-2876

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

5754 Benevento Dr  
*Enter Florida street address*  
Sarasota, Florida 34238-2876  
*City Zip Code*

FILED  
 JUN 28 PM 3:00  
 MISSOURI  
 STATE SECRETARY OF REVENUE

**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:**

| <u>Title</u> | <u>Name</u> | <u>Address</u>          | <u>Type of Action</u>   |
|--------------|-------------|-------------------------|---|
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____<br>_____<br>_____ | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
NO JUN 28 PM 3:00  
STATE OF FLORIDA  
TALLAHASSEE

Effective date, if other than the date of filing: June 25, 2010  
(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 or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Bruce Johnson  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature(s) of all new or dissociating general partner(s), if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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