## A31654

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SECRETARY OF STATE TALLAHASSEF FLORIDA

## **COVER LETTER**

Division of	Corporations				
SUBJECT: プロ	RP-MLB A	ASSOCIATES,	L.P.		
(Name o	f Florida Limited Partnersh	ip or Limited Liability Lim	ited Partnership)		
The enclosed Certi	ficate of Amendment a	nd fee(s) are submitted	for filing.		
	rrespondence concerni	_			
Jun Hu					
	(Contact Person)			TAS 9	>
Peter Lan	Orence Comm (Firm/Company)	vercial R.E.	Inc	SECRETAR ALL AHASS	ADD 1
4710 Eisen	hower Blud (Address)	vercial R.E.  Suite C-1		3355	ř
Tampa,	FL 33634				FR II: 02
1	(City, State and Zip Code)	•		Tim r	9
For further informa	tion concerning this m	atter, please call:			
Jun Hu		at (813)(Area Code and D	889 - 889	55	
(Name of Cor	ntact Person)	(Area Code and D	aytime Telephone l	Number)	
Enclosed is a check	for the following amo	ount:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Certified Copy, Certificate of Sta	and	
STREET ADDRESS:		MAILING.	ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Ce		Tallahassee,	FL 32314		
Taliahaccee Hi (	4611				

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	
Signature(s) of <u>new</u> or <u>dissociating</u>	g general partner(s), if any:	
Signature(s) of a general partner(s) (*Note: If adding or deleting an election to partners must sign the amendment.)	*: to be a limited liability limited partnership statement, all general	
	than the date of filing: 4-13612007 EST	1
	SECRETARS ALLAHASS	
	information being amended, added, or deleted)  e to "JDRP-MLB ASSOCIATES, L	P. "
partnership or limited liability limit	ted partnership, whose certificate was filed with the performance of limited partnership.  adopts the following ifficate of limited partnership.	
JDRP - MLB ASS	tly on file with Florida Department of State)	