

#A93000000822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 MAY 30 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN - 5 2014

FORESTCITY

Patricia A. Comai
Paralegal & Office Manager
Direct Number (216) 416-3252
E-mail PatComai@forestcity.net

Legal Department
50 Public Square
Suite 1360
Cleveland, OH 44113-2233

Phone (216) 621-6060
Fax (216) 263-6206
www.forestcity.net

May 7, 2014

Via Federal Express

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

RE: Certificate of Amendment
Deerwood Place Associates Limited Partnership
FL Document Number: A93000000822

Dear Sir or Madam:

Please find enclosed the Certificate of Amendment for the above referenced Limited Partnership.

Also enclosed is our check in the sum of \$105.00 for the Filing Fee and Certified Copy.

If you have any questions or need additional documentation, please contact the undersigned.

Very truly yours,



Patricia A. Comai
Paralegal

PAC/sg

Enc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2014

FOREST CITY ENTERPRISES, INC.
PATRICIA COMAI
50 PUBLIC SQUARE, STE. 1360
CLEVELAND, OH 44113

SUBJECT: DEERWOOD PLACE ASSOCIATES LIMITED PARTNERSHIP
Ref. Number: A93000000822

We have received your document for DEERWOOD PLACE ASSOCIATES LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a current general partner, if any, and by each newly designated general partner(s).

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 814A00010529

FORESTCITY

Patricia A. Comai
Paralegal & Office Manager
Direct Number (216) 416-3252
E-mail PatComai@forestcity.net

Legal Department
50 Public Square
Suite 1360
Cleveland, OH 44113-2233

Phone (216) 621-6060
Fax (216) 263-6206
www.forestcity.net

May 28, 2014

Via Federal Express

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

RE: Certificate of Amendment
Deerwood Place Associates Limited Partnership
FL Document Number: A93000000822

Dear Sir or Madam:

We are in receipt of your letter dated May 15, 2014, a copy of which is attached.
Please find enclosed the revised Certificate of Amendment for the above referenced
Limited Partnership.

If you have any questions or need additional documentation, please contact the
undersigned.

Very truly yours,



Patricia A. Comai
Paralegal

PAC/sg

Enc.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deerwood Place Associates Limited Partnership
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:

Patricia Comai

Contact Person

Forest City Enterprises, Inc.

Firm/Company

50 Public Square, Suite 1360

Address

Cleveland, OH 44113

City, State and Zip Code

patcomai@forestcity.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia A. Comai

Name of Contact Person

at (216)

416-3252

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

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Deerwood Place Associates Limited Partnership

Insert name currently on file with Florida Department of State

FILED
2014 MAY 30 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, 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 8/09/1993, assigned Florida document number A93000000822, 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)

New Mailing Address:

(May be post office box)

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:

Enter Florida street address

_____, Florida _____

City

Zip Code

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>
_____	F.C. Emerald Palms, Inc.	50 Public Square, Ste 1360 Cleveland, OH 44113	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	Forest City Residential Group, Inc.	50 Public Square, Ste 1360 Cleveland, OH 44113	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <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.)*

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 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.)

Forest City Residential Group, Inc.

BY: _____

Geralyn M. Presti, Secretary

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

NEW:

Forest City Residential Group, Inc.

BY: _____

Geralyn M. Presti, Secretary

OLD:

F.C. Emerald Palms, Inc.

BY: _____

Geralyn M. Presti, Secretary

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