

# A93000001182

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H100000815163)))



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To:

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

**\*RE-SUBMIT\***

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
LAVI LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$52.50

FILED  
10 APR - 9 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

10 APR 13 AM 10:24

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J. BRYAN

APR 14 2009

EXAMINER  
4/9/2010



April 13, 2010

C T CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: LAVI LIMITED PARTNERSHIP  
REF: A93000001182

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

FAX Aud. #: E10000081516  
Letter Number: 410A00008964

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lavi 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:

Joseph Pasquale

Contact Person

McKinney Properties, Inc.

Firm/Company

1717 Penn Avenue, Suite 5006

Address

Pittsburgh, PA 15221

City, State and Zip Code

tinias@mckinneyproperties.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Pasquale

Name of Contact Person

at ( 412 )

3715105

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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**

Lavi Limited Partnership

Insert name currently on file with Florida Department of State

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SECRETARY OF STATE  
ALLAHABAD, 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 November 16, 1993, assigned Florida document number A93000001182, 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

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**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>
_____	Nova Marketing and Development Corporation	1717 Penn Avenue, Suite 5006 Pittsburgh, PA 15221	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	McKinney Equity Management Corporation	1717 Penn Avenue, Suite 5006 Pittsburgh, PA 15221	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	# F09000000096	_____	<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
_____	_____	_____	<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.)**

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TALLAHASSEE, FLORIDA

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.)

Joseph P. Pargues Treasurer  
Nova Marketing Development Corporation

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

Joseph P. Pargues Treasurer  
McKinney Equity Management Corporation

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