(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	A. LU	INT
	MAY 19	2008

**EXAMINER** 

Office Use Only

600116105106

05/15/08--01016--027 \*\*552.50

Auburn Development, LLC Auburn Management, Inc. Florida Affordable Housing, Inc. Florida Affordable Mortgage Corp.



Registration Section Division of Corporations Attn: Agnes Lunt P. O. Box 6327 Tallahassee, FL 32314

RE: Groves of Delray, Ltd.
Document # A93000001188

Dear Ms. Lunt:

We appreciate your help today in fixing our problem with the Groves of Delray Ltd., wherein we need to remove a General Partner whose fictitious name has expired with afterly registered fictitious name.

We would like to remove the current General Partner for this entity, Groves of Venture (document # G00243900458) as the fictitious name has expired.

In it's place, we would like to add a new General Partner to the entity, Groves of Delray Joint Venture (document # G08116900281).

Finally, we have also enclosed the Annual Report for the Groves of Delray, Ltd., along with a check in the amount of \$552.50 to cover the amendment filing fee and the annual report filing fee.

If you have any questions or need any additional information, please do not hesitate to contact me via email at <u>tmitchell@auburngroup.net</u> or via phone at 561-278-3901 ext. 114.

Thank you for your assistance,

Tom Thehan

Thomas Mitchell

Chief Financial Officer

## **COVER LETTER**

SUBJECT: Groves of Delray LTD  (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:  Tom Mikkell  (Contact Person)  Auburn Group  (Firm/Company)  TTT E. Atlant: Ave Suite 200  (Address)  Delray Beach Fe 33483  (City, State and Zip Code)  For further information concerning this matter, please call:  Thomas G. Mikkell  (Name of Contact Person)  (Area Code and Daytime Telephone Number)
The enclosed Certificate of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:    Tom Mikkell (Contact Person)
Please return all correspondence concerning this matter to:    Ton Mikke
Tom Michell  (Contact Person)  Auburn Group  (Firm/Company)  The Suite 200  (Address)  Pelray Beach, Fc 33483  (City, State and Zip Code)  For further information concerning this matter, please call:
Pelray Beach FL 33483  (City, State and Zip Code)  For further information concerning this matter, please call:
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Pelray Beach FL 33483  (City, State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
For further information concerning this matter, please call:
Thomas G. Minkell at (561) 278-3901  (Name of Contact Person) (Area Code and Daytime Telephone Number)
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee \$\times \text{\$113.75 Filing Fee,} \\ \text{and Certificate of Status}  \$\text{\$105.00 Filing Fee} \\ \text{\$2.50 Filing Fee,} \\ \text{\$2.50 Filing Fee,} \\ \text{\$2.50 Filing Fee,} \\ \text{\$3.75 Filing Fee,} \\ \tex
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Groves of De/ray (Insert name currently on file			
(Insert name currently on file	e with Florida Depa	artment of State)	
Pursuant to the provisions of section 620.1202, Florinited liability limited partnership, whose certification of the provisions of section 620.1202, Florinited limited partnership.	cate was filed wi		e on of
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited partnershi	ip or limited liability limited partn	<u>ership</u>
<u>here</u> :		2000 SEC TALL	
(New name must be distinguisha	able and contain a		<u> </u>
Acceptable Limited Partnership suffixes: Limited Partnersh. Acceptable Limited Liability Limited Partnership suffixes: L			,
B. If amending the registered agent and/or registe new registered agent and/or the new registered office		ss on our records enter the name	of the
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)

<u>Title</u>	Name Groves of Delray	Address	Type of Action
<u>GP</u>	Doc# 600243900458	1301 S.W. 10th Ave	
	Groves of Delray Joint Venture	Building J Delray Beach, FC 334	Remove
<u>6P</u>	6 08 116 900781	777 E. Atlantic Ave Sute 200 Delray Beach Fe 33	Remove
			Add Remove
	_		Add  Reineve
			CRETAR LAHASS
			Remove P
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	nited partnership or limited liability nership" status, enter change here:	y limited partnership is ame	nding its "limited liabilit
☐ This Lim	nited Partnership hereby elects to be a	"Limited Liability Limited Pa	rtnership."
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NOTE: If ada	ling or removing" limited liability limited po	artnership'' status, all general part	ners must sign this amendment.

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 a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all when adding or removing a "limited liability limited partnership" election statement.)  Groves of Delray  Signature(s) of all new or dissociating general partner(s), if any:  Dissociating & P.  Groves of Delray Jo.  New & P.  Groves of Delray Jo.  New & P.  Groves of Delray Jo.	Florida Department of
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all when adding or removing a "limited liability limited partnership" election statement.)  Groves of De Iray  Signature(s) of all new or dissociating general partner(s), if any:	
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Signature(s) of all new or dissociating general partner(s), if any:  Dissociating & P  Groves of Delray Jo.  New & P  Groves of Delray Jo.	
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Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	