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SECRETARY OF STATE
ALLAHASSEE ESTATE

D. BRUCE

SEP 0 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Lakeview Grove, Ltd	
Name of Florida Limited	d Partnership or Limited Liability Limited Partnership	
The enclosed Certificate of Amendme	nt and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to:	
William K. Budo	1	
Contact Person		
Raymond James Tax Credi	t Funds, Inc.	
Firm/Company		
880 Carillon Parkway, De	ept. 20485	
Address		
St. Petersburg, FL 3	10 SEP -2 AN SEE. FLORITE ALLAHASSEE, FLORITE mual report notification)	_
City, State and Zip Co	ode SSR -	Γ
bill.budd@raymondjan	nes.com	Γ
E-mail address: (to be used for future an	nual report notification)	C
	PATE 2	
For further information concerning this	s matter, please call:	
William K. Budd	at (727) 567-4820	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following a	amount:	
\$52.50 Filing Fee S61.25 Filing Fe and Certificate of Status	see \$\int_\$105.00 Filing Fee and Certified Copy \$\sum_\$\$ Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee FI 32314	

Tallahassee, FL 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Lakeview Insert name currently on file	Grove, Ltd.	nent of State
Pursuant to the provisions of section 620.1202, Floalimited liability limited partnership, whose certific 3/23/1994, assigned Floradopts the following certificate of amendment to its	ate was filed with ida document num	the Florida Department of State on ber A9400000451,
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the linere</u> :	mited partnership (or limited liability limited partnership
New name must be distinguisha	able and contain an acc	ceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	al office address,	enter new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		LLA S
New Mailing Address: (May be post office box)		EP-2 AH HASSEE, F
C. If amending the registered agent and/or registence new registered agent and/or the new registered office		on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	da 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 N	ew 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>	Type of Action
<u>GP</u>	Value Partners-Florid	de 880 Carillon Parkway Dept. 05485 St. Petersburg, FL 33716	✓ Add Remove
			_ Add _ Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove 10
			- □ADA
			
			Add Remove
			O SEP -2 AM #= 21 SECRETARY OF STATE LLAMA SEE. FROBIDA Add Add Add

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

L	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 addition	onal 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 limit removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requ	ted partnership is adding or tires all general partners to sign
when adding or removing a "limited liability limited partnership" election statement.)	
Value Partners Florida L.L.C. By: Value Partners, Inc., its sole member	
Romald M. Diner, President	
<u> </u>	<u> </u>
	SE T
	ASA -
Signature(s) of all-new or dissociating general partner(s), if any:	SEE 2
Value Partners Florida L.L.C.	
By: Value Partners, Inc., its sole member	
- M. Mak	TE AIDA
By: Royald M. Wher, President	· · · · · · · · · · · · · · · · · · ·
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	