

A 94 000001184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

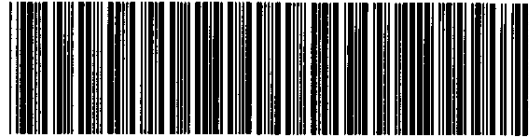
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 JUN 15 PM 2:40  
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2014

BRIAN BROOKS  
973 FEATHERSTONE RD SUITE 325  
ROCKFORD, IL 61107

SUBJECT: WIMAUMA COMMUNITY, LTD.  
Ref. Number: A94000001184

We have received your document for WIMAUMA COMMUNITY, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 014A00012003



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wimauma Community, 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:

Brian D. Brooks

Contact Person

AHDF-Wimauma G/P, LLC

Firm/Company

973 Featherstone Road, Suite 325

Address

Rockford, IL 61107

City, State and Zip Code

brianbrooks@star-hold.com

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

For further information concerning this matter, please call:

Brian D. Brooks

Name of Contact Person

at ( 815 )

397-8827

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**

**WIMAUMA COMMUNITY, LTD.**

Insert name currently on file with Florida Department of State

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 08/30/1994, assigned Florida document number A94000001184, 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)

973 Featherstone Road, Suite 325  
Rockford, IL 61107

New Mailing Address:  
(May be post office box)

973 Featherstone Road, Suite 325  
Rockford, IL 61107

**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:

National Corporate Research, LTD, Inc.

New Registered Office Address:

155 Office Plaza Drive

*Enter Florida street address*

Tallahassee, Florida 32301  
*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.*

*Brian M. Connelley, Asst. Secy. MKR*  
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>
_____	<u>AHDF-Wimauma G/P, LLC</u>	<u>Suite 325</u> <u>973 Featherstone Road</u> <u>Rockford, IL 61107</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>WNC Florida, LLC</u>	<u>17782 Sky Park Circle</u> <u>Irvine, CA 92614-6404</u>	<input type="checkbox"/> Add <input checked="" 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
_____	_____	_____	<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.)

AHDF-Wimauma G/P, LLC

By:   
Brian D. Brooks, Manager


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

AHDF-Wimauma G/P, LLC

By:   
Brian D. Brooks, Manager

WNC Florida, LLC

By: Shelter Resource Corporation  
Its Managing Member

By:   
David N. Shafer, President

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