

Rogers Tower, Suite 11.

Requestor's Name

106 South Monroe Street  
2nd Floor

Address

Tallahassee, FL 32301 (222-7200)

City/State/Zip

Phone #

\* Please call Pat if problems.

700002382327--4

-12/24/97--01054--032

Office Use Only \*\*\*\*\*52.50 \*\*\*\*\*52.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Spirit Fund, Ltd. A95000002009  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

12/29

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
87 DEC 24 PM 3:11:22  
17 DEC 28 AM 11:22  
DIVISION OF CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

\* Please sta. a  
filed stamped  
copy. Thanks.

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

LP- 52.50

Examiner's Initials

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 24 PM 12:31

**SPIRIT FUND, LTD.**  
**AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP**

1. Name. The name of the limited partnership is:

**SPIRIT FUND, LTD.**

2. Filing of Certificate of Limited Partnership. The original Certificate of Limited Partnership of SPIRIT FUND, LTD. was filed on December 22, 1995.

3. Amendment to Reflect Admission of General Partner. To reflect the admission of George M. White as an additional general partner of SPIRIT FUND, LTD., Section 4. of the original Certificate of Limited Partnership is hereby amended by deleting such section in its entirety and substituting the following in lieu thereof:

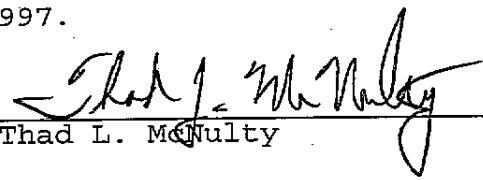
4. General Partners. The names and business address of the general partners of the limited partnership are as follows:

Thad L. McNulty  
1620 Independent Square  
Jacksonville, Florida 32202

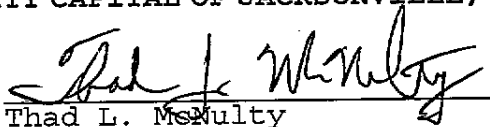
Trinity Capital of Jacksonville, Inc.  
1620 Independent Square  
Jacksonville, Florida 32202

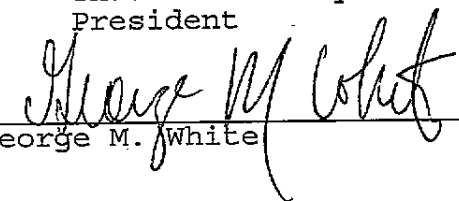
George M. White  
1620 Independent Square  
Jacksonville, Florida 32202

WHEREFORE, this Amendment to Certificate of Limited Partnership has been executed by the general partners of the limited partnership in accordance with Section 620.114 of the Act this 12th day of December, 1997.

  
Thad L. McNulty

TRINITY CAPITAL OF JACKSONVILLE, INC.

By:   
Thad L. McNulty  
President

  
George M. White

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97 DEC 24 PM 12:31

STATE OF FLORIDA

COUNTY OF DUVAL

12 The foregoing instrument was acknowledged before me this 12 th day of December, 1997, by Thad L. McNulty, in his personal capacity and as the President of Trinity Capital of Jacksonville, Inc., a Florida corporation, on behalf of the corporation. Mr. McNulty is personally known to me, or has produced a Florida driver's license as identification.



Ruth S. Fabella  
MY COMMISSION # CC661449 EXPIRES  
July 11, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

Ruth S. Fabella  
Notary Public, State of Florida  
Print Name RUTH S. FABELLA

My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF DUVAL

12 The foregoing instrument was acknowledged before me this 12 th day of December, 1997, by George M. White. Mr. White is personally known to me, or has produced a Florida driver's license as identification.



Ruth S. Fabella  
MY COMMISSION # CC661449 EXPIRES  
July 11, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

Ruth S. Fabella  
Notary Public, State of Florida  
Print Name RUTH S. FABELLA

My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_