

**Florida Department of State**  
**Division of Corporations**  
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 Division of Corporations  
 Fax Number : (850) 617-6383

**From:**  
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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/LLLP AMENDMENT/RESTATEMENT/CORRECTION**  
**COLONIAL MHC LIMITED PARTNERSHIP**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$113.75

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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>
_____	<u>Colonial GP, LLC</u>	<u>31200 Northwestern Hwy</u> <u>Farmington Hills, MI 48334</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	<u>Colonial SPE GP, LLC</u>	<u>31200 Northwestern Hwy</u> <u>Farmington Hills, MI 48334</u>	<input checked="" 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
_____	_____	_____	<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.)*

Article 8 and Article 9 of the Certificate of Limited Partnership, as amended by that certain

Certificate of Amendment filed on May 19, 2004, are hereby revoked and deleted in their entirety.

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.)

Colonial GP, LLC, a Michigan limited liability company

By: Katherine L. Hammers  
Katherine L. Hammers, Its Authorized Agent

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TALLAHASSEE FLORIDA

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

Colonial SPE GP, LLC, a Delaware limited liability company

By: Katherine L. Hammers  
Katherine L. Hammers, Its Authorized Agent

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