

Foley + Hardner
A97000000074

Requester's Name

Address

222-6100

City/State/Zip

Phone #

800002263928--2

-08/11/97--01171-011
 Office Use Only *****52.50

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

1. Grosse Pointe Associates Ltd
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 AUG -7 PM 3:07

☒ Walk in

☐ Mail out

☒ Pick up time 3:00

☐ Will wait

☐ Photocopy

☒ Certified Copy Amendment

☐ Certificate of Status

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

*Stamped
 Copies*

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

TAX _____
 REGISTRATION FEE 52.50
 COPY _____
 TOTAL 52.50
 BALANCE DUE _____

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 97 AUG -7 AM 11:46
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

h/c 8/7/97

Examiner's Initials

**AMENDMENT TO THE
CERTIFICATE OF LIMITED PARTNERSHIP OF
GROSSE POINTE ASSOCIATES, LTD.
a Florida limited partnership**

Pursuant to the Florida Revised Uniform Partnership Act (1986) as set forth in Chapter 620, Florida Statutes, the undersigned general partners, desiring to amend the Certificate of Limited Partnership of Grosse Pointe Associates, Ltd. filed with the Secretary of State of Florida on January 9, 1997, as amended by Amendment to the Certificate of Limited Partnership of Grosse Pointe Associates, Ltd. filed with the Secretary of State of Florida on March 4, 1997, to reflect the admission of Grosse Pointe Development Company, Inc., as an additional general partner of the Partnership, hereby state the following:

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1. The name of the Partnership is GROSSE POINTE ASSOCIATES, LTD.
2. Grosse Pointe Development Company, Inc. was admitted as an additional general partner of the Partnership effective April 30, 1997.
3. The name and address of the additional general partner is Grosse Pointe Development Company, Inc., 15065 McGregor Boulevard, Suite 108, Fort Myers, Florida 33908. P9500084303

The execution of this Certificate by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Amendment to the Certificate of Limited Partnership of Grosse Pointe Associates, Ltd. has been duly executed by all the general partners of the Partnership this 14th day of July, 1997.

GENERAL PARTNERS

RAPENBURCH FLORIDA, INC.

By: _____

Johan M. Koster, President

**GROSSE POINTE DEVELOPMENT
COMPANY, INC.**

By: _____

Robert Hensley, President

Foley + Hardner
A97000000074

Request for Form

Address

222-6100

City/State/Zip

Phone #

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***1802.50 ***1802.50

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

1. Grosse Pointe Associates, Ltd.
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3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1. IAA
FILING 750.00
2. AGENT FEE
3. COPY 52.00
TOTAL 1802.50
V. BANK
BALANCE DUE
FILING

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

8/7/97

Examiner's Initials

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**GROSSE POINTE ASSOCIATES, LTD.
SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned authority, personally appeared Johan M. Koster, President of Rapenburch Florida, Inc., the initial general partner of Grosse Pointe Associates, Ltd., and Robert Hensley, President of Grosse Pointe Development Company, Inc., the newly admitted additional general partner of Grosse Pointe Associates, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. The General Partner previously filed an Affidavit of Capital Contributions reflecting anticipated capital contributions by limited partners of \$1,000.00.
2. Capital contributions in the aggregate amount of \$3,315,000.00 have been made by limited partners as of the date hereof.
3. No additional capital contributions are anticipated to be made by the limited partners of the Partnership.

FURTHER AFFIANTS SAYETH NOT.

The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned have executed this Affidavit this 14th day of July, 1997.

RAPENBURCH FLORIDA, INC.

By: 

Johan M. Koster, President

GROSSE POINTE DEVELOPMENT
COMPANY, INC.

By: 

Robert Hensley, President

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THE NETHERLANDS)
)
AKKERDREEF)

The foregoing instrument was acknowledged before me this 14 day of July, 1997, Johan M. Koster, the President of Rapenburch Florida, Inc. Such person did take an oath and: *(notary must check applicable box)*

- ☐ is/are personally known to me.
- ☒ produced Passport 124522748 as identification.

{Notary Seal must be affixed}



Gayle Miller
Signature of Notary

Gayle Miller
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): _____

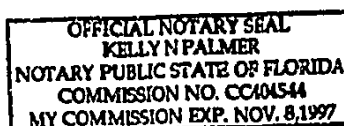
My Commission Expires (if not legible on seal): _____

STATE OF FLORIDA)
)
COUNTY OF LEE)

The foregoing instrument was acknowledged before me this 22 day of July, 1997, by Robert Hensley, the President of Grosse Pointe Development Company, Inc. Such person did take an oath and: *(notary must check applicable box)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

{Notary Seal must be affixed}



Kelly N. Palmer
Signature of Notary

Kelly N. Palmer
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): _____

My Commission Expires (if not legible on seal): _____

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SECRETARY OF STATE
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