

A97 000001625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

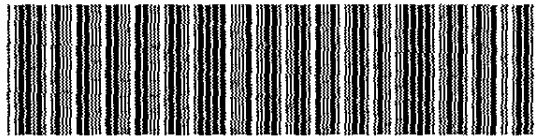
(Business Entity Name)

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2006 JUL 25 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A97-1625 *al*  
EFFECTIVE DATE  
9-1-04

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** APRIL FAMILY LIMITED PARTNERSHIP  
(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:

SUSAN APRIL  
(Contact Person)  
APRIL FAMILY LTD PARTNERSHIP  
(Firm/Company)  
307 L. N. CUERNAVACA DR  
(Address)  
AUSTIN TX 78733  
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SUSAN APRIL at (512) 402-0456  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2006

SUSAN APRIL  
307 L. N. CUERNAVACA DR  
AUSTIN, TX 78733

SUBJECT: APRIL FAMILY LIMITED PARTNERSHIP  
Ref. Number: A97000001625

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for APRIL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 006A00045388

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

APRIL FAMILY LIMITED PARTNERSHIP

(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 JULY 24, 1997, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (Indicate information being amended, added, or deleted)

Article 4 of the Certificate of Limited Partnership of April Family Limited Partnership is hereby amended to read as follows:

"Article 4. General Partners' Names and Addresses  
The names and addresses of the General Partners of the  
Limited Partnership are as follows:

SUSAN APRIL  
307 L. N. CHERNAVACA DR  
AUSTIN TX 78733

**SECOND:** Effective date, if other than the date of filing: 9/1/06

(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(s)\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)

Susan April

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

[Signature]

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

EFFECTIVE DATE:

9-1-06

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ALLA E. FLORES