

A98000000528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 DEC 28 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
DEC 29 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/28/17
ACCT. I20160000072

en: c SW

| | |
|-------------|----------------------------|
| Name: | Crane Creek Senior Housing |
| Document #: | |
| Order #: | 10772154 |

| | | | |
|--------------------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | | | |
| Plain Copy: | | | |
| Certificate of Good Standing: | | | |
| Apostille/Notarial Certification: | | Country of Destination: | |
| | | Number of Certs: | |

| | |
|----------------|-------------------|
| <u>Filing:</u> | <u>Certified:</u> |
| | Plain: |
| | COGS: |

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|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 105.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crane Creek Senior Housing Partners, 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:

Dan Bolles

Contact Person

Dominium

Firm/Company

2905 Northwest Blvd. Ste 150

Address

Plymouth, MN 55441

City, State and Zip Code

dan.bolles@Dominiuminc.com

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

For further information concerning this matter, please call:

Kristin A. Proctor

at (612) 604-6400

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

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Crane Creek Senior Housing Partners, Ltd.

Insert name currently on file with Florida Department of State

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2017 DEC 28 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 February 26, 1998, assigned Florida document number A98000000528, 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:

| | |
|--|--|
| <u>New Principal Office Address:</u> (Must be STREET address) | <u>2905 Northwest Blvd, Ste 150</u> <u>Plymouth, MN 55441</u> _____ _____ |
|--|--|

| | |
|---|--|
| <u>New Mailing Address:</u> (May be post office box) | <u>2905 Northwest Blvd, Ste 150</u> <u>Plymouth, MN 55441</u> _____ _____ |
|---|--|

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:

| | |
|--------------------------------------|--|
| <u>Name of New Registered Agent:</u> | <u>C T Corporation System</u> _____ |
|--------------------------------------|--|

| | |
|---------------------------------------|--|
| <u>New Registered Office Address:</u> | <u>1200 south Pine Island Road</u> <i>Enter Florida street address</i> _____ |
|---------------------------------------|--|

| | |
|----------------------------------|---|
| <u>Plantation</u> <i>City</i> | <u>, Florida 33324</u> <i>Zip Code</i> |
|----------------------------------|---|

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 am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System

Stephanie Hencz Stephanie Hencz, Assistant Secretary
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> |
|--------------|--|---|--|
| _____ | Melbourne Leased Housing Associates SLP I, LLC | 2905 Northwest Blvd, Ste 150 Plymouth, MN 55441 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | The Partnership, Inc. | 2001 West Blue Heron Blvd. Riviera Beach, FL 33404 | <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 |

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.)

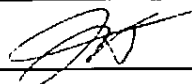
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Withdrawing General Partner:

The Partnership, Inc.



By: John Corbett, President

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

New General Partner:

Melbourne Leased Housing Associates SLP I, LLC

By: Mark S. Moorhouse, Vice President

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2011 DEC 28 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2017 DEC 28 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____
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Signature(s) of a general partner or all general partners*:

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The Partnership, Inc.

By: John Corbett, President

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New General Partner:

Melbourne Leased Housing Associates SLP I, LLC

By: Mark S. Moorhouse, Vice President

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