A98000002048

•		
(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
,		- ·· ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
_		
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		,
	,	
789, 601	5	
101, 001		

Office Use Only



200079675632

09/18/06--01040--016 **105.00

SECRETARY OF STATE DIVISION OF YOR, SATION



COVER LETTER

Division of	Corporations						
	NIE ZIMMERMAN FAM of Florida Limited Partners						
The enclosed Certi	ficate of Amendment	and fee(s	s) are su	bmitted	l for filing.		
Please return all co	rrespondence concern	ing this r	natter to	o:			
Eric Lesser, Esq.						2	<u></u>
	(Contact Person)				t	990	SIL
Krass, Snow & Schmu	tter, P.C.					30	1
	(Firm/Company)						Ξ
419 Park Avenue South	1					9	,-
	(Address)					2006 OCT -9 PM 2: 26	DIVISION OF CLASSING
New York, New York						⊵: 26	1
	(City, State and Zip Code)					
For further informa	tion concerning this m	natter, ple	ease cal	l:			
Eric Lesser		at (212	\ 683	-3636		
(Name of Cor	ntact Person)		(Area Co	<i>)</i> de and I	Daytime Telephone Numb	er)	
Enclosed is a check	for the following amo	ount:					
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Fili ertified C		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	•	
Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ntions nter Circle		Regis Divis P. O.	stration sion of 6 Box 63	ADDRESS: Section Corporations 327 FL 32314		

LAW OFFICES

ALVIN LESTER SITOMER

ATTORNEYS AT LAW

INTERNATIONAL BUILDING • SUITE 603 2455 EAST SUNRISE BOULEVARD • FORT LAUDERDALE, FLORIDA 33304

TELEPHONE (954) 561-1200 FAX (954) 564-0302

October 4, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn.: Ms. Deborah Bruce

RE: FANNIE ZIMMERMAN FAMILY LIMITED PARTNERSHIP

Ref. Number: A98000002048

Dear Ms. Bruce:

In accordance with your letter dated September 19, 2006 to Eric Lesser, Esq., (a copy of which is enclosed herewith), I, as designated resident agent, have signed the Certificate of Amendment to Certificate of Limited Partnership of the above family limited partnership and enclose the same to you herewith.

Please adjust your files accordingly and let me know that it has been done.

Your courtesies and cooperation are most genuinely appreciated by all concerned.

Sincerely,

ALVIN LESTER SITOMER

ALS/ct Enclosures

cc: Eric Lesser, Esq.



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 19, 2006

ERIC LESSER, ESQ. KRASS, SNOW & SCHMUTTER, P.C. 419 PARK AVENUE SOUTH NEW YORK, NY 10016

SUBJECT: FANNIE ZIMMERMAN FAMILY LIMITED PARTNERSHIP

Ref. Number: A98000002048

We have received your document for FANNIE ZIMMERMAN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6984.

Letter Number: 706A00056201

Deborah Bruce **Document Specialist**

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

		Florida Department of S		
Pursuant to the provisions of sec partnership or limited liability lir Florida Department of State on Scertificate of amendment to its ce	tion 620.1202, nited partnersh	Florida Statutes, this nip, whose certificate	s Florida limited was filed with t	the
FIRST: Amendment(s): (Indica	te information	being amended, adde	ed, or deleted)	
Paragraph 2 is amended and restated in	its entirety as follo	ows:		
"2. The name and office address of t Alvin L. Sitomer, Esq., 2455 East Sunri				s is:
Paragraph 3 is amended and restated in	its entirety as follo	ows:		
"3. The names and business address: Street, New York, NY 10028; Amy Zim				7th
	41 41 4.4.	C (C1)		
	•	-	ent is filed by the F	lorida
Effective date cannot be prior to nor modepartment of State.) Signature(s) of a general partner(s*Note: If adding or deleting an election partner's must sign the amendment.)	ore than 90 days o	after the date this docum	·)CT -9
(Effective date cannot be prior to nor me Department of State.) Signature(s) of a general partner(s *Note:_ If adding or deleting an election	ore than 90 days o	after the date this docum	·)CT -9
(Effective date cannot be prior to nor mo Department of State.) Signature(s) of a general partner(s *Note: If adding or deleting an election partners must sign the amendment.)	ore than 90 days o	after the date this docum	·)CT -9
(Effective date cannot be prior to nor me Department of State.) Signature(s) of a general partner(state) (*Note: If adding or deleting an election partner's must sign the amendment.) Robert Zimmerman, general partner	ore than 90 days (5)*: n to be a limited l	after the date this docume	·)CT -9
(Effective date cannot be prior to nor medicine) Department of State.) Signature(s) of a general partner(state) (*Note: If adding or deleting an election partners must sign the amendment.) Robert Zimmerman, general partner Signature(s) of new or dissociating	ore than 90 days (5)*: n to be a limited l	after the date this docume	·)CT -9
Signature(s) of <u>new</u> or <u>dissociating</u> Mallet Mal	ore than 90 days (5)*: n to be a limited l	after the date this docume	ip statement, all ge)CT -9
(Effective date cannot be prior to nor me Department of State.) Signature(s) of a general partner(service) of a general partner(service) of a general partner(service) of a general partner of the amendment.) Robert Zimmerman, general partner Signature(s) of new or dissociating the amendment of the amendment o	ore than 90 days (5)*: n to be a limited l	ner(s), if any:	ip statement, all ge)CT -9