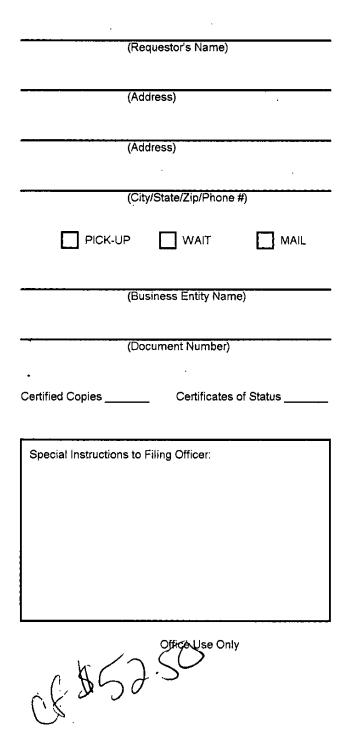
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section					
Division of Corporations					
SUBJECT: Lakeview Terrace 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:					
Margaretha (Marja) Bural (Contact Person)					
Lakeview Terrace Ltd					
(Firm/Company) 506 Chesapeake DR					
(Address)					
Janon Springs, FL 34689 (City, State and Zip Code)					
(etty, state and 21p code)					
For further information concerning this matter, please call:					
Marja Bural at (727) 938-4513					
(Name of Contact Person) at (727) 938-4513 (Area Code and Daytime Telephone Number)					
Enclosed is a check for the following amount: \$552.50					
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status					
STREET ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301					

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF 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 ____, 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 (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 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

here:

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

C. 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>	Type of Action	ţ
Trustee	Margaretha J. Bura as Trisslee for the Bural Maragement	Tarpon Springs FL	Add Remove	
	Trust	34689	Add Remove	
			Add Remove	
·····			_ Add Remove	
			Add Remove	
			_ Add Remove	
limited partners	d partnership or limited liabilit ship" status, enter change here:		_	d liability:
	Partnership hereby elects to be a	•		
	Partnership hereby removes its	·	-	,
	or removing" limited liability limited p any other information, enter chang	,		
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			09	ATIONS

Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the State.)	date this document is filed by the Florida Department o
Signature(s) of a general partner or all general part	ners*:
(*NOTE: Only one current general partner is required to sign this removing a "limited liability limited partnership" election stateme	nt. Chapter 620, F.S., requires all general partners to si
when adding or removing a "limited liability limited partnership"	election statement.)
Some of the Bural Management Trust.	
of the Burd Management Trust.	
Signature(s) of all new or dissociating general partn	er(s), if any:
Assural as Trustee of the	
Bual maragement trust	***************************************

\$52.50

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

\$52.50