

A98000002650

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000154543 3)))



H08000154543ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 18 AM 8:31

FILED

RECEIVED
08 JUN 18 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

CEDAR GROVE APARTMENTS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

T. CLINE

JUN 19 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

A98-2650

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

CEDAR GROVE APARTMENTS, LTD.

(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 December 1, 1998, 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 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:

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

(Enter Florida street address)

Plantation

Florida

33324

(City)

(Zip Code)

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

C T Corporation System
Molly Yockey Molly Yockey
(If Changing Registered Agent, Signature of New Registered Agent)
Assistant Secret.

C. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	Address	Type of Action
GP	Cedar Grove Apartments, Inc.	1666 Kennedy Causeway, #505 N. Bay Village, FL 33141	☐ Add ☒ Remove
GP	CAH-IDA Cedar Grove LLC 1107-5168	2801 Alaskan Way, Suite 200 Seattle, WA 98121	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

2008 JUN 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. 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.)

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

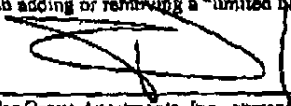
Paragraph 2 is amended to change the office and principal place of business for the Partnership to: 2801 Alaskan Way,
Suite 200, Seattle, WA 98121

Paragraph 5 is amended to change the mailing address of the Partnership to: 2801 Alaskan Way, Suite 200, Seattle,
WA 98121

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.)

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.)



Cedar Grove Apartments, Inc., current General Partner

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

CAH-IDA Cedar Grove LLC, General Partner, by CAH-IDA Florida
LLC, its Manager, by CAH-IDA Holdings LLC, its Manager, by
Stanley J. Harrison, President

FILED
2008 JUN 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.)

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.)

Cedar Grove Apartments, Inc., current General Partner

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



CAM-IDA Cedar Grove LLC, General Partner, by CAM-IDA Florida LLC, its Manager, by CAM-IDA Holdings LLC, its Manager, by Stanley J. Harrison, President

FILED
2008 JUN 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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