

**A99000001340**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

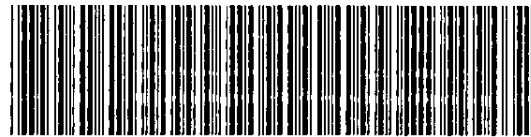
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/21/11--01028--010 \*\*52.50

**FILED**  
11 APR -1 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

APR 04 2011

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2011

ELLIOT S. KESSLER, CPA  
TOPPING KESSLER & CO  
4020 SHERIDAN STREET, SUITE C  
HOLLYWOOD, FL 33021

SUBJECT: FORREST INVESTMENT ENTERPRISES, LTD.  
Ref. Number: A99000001340

We have received your document for FORREST INVESTMENT ENTERPRISES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 211A00006930

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11 APR - 1 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

Date: March 17, 2011

SUBJECT: FORREST INVESTMENT ENTERPRISES, 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:

ELLIOT S. KESSLER, CPA

Contact Person

TOPPING KESSLER & CO

Firm/Company

4020 SHERIDAN STREET, SUITE C

Address

HOLLYWOOD, FL 33021

City, State and Zip Code

elliott@topkes.com

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

For further information concerning this matter, please call:

ELLIOT S. KESSLER

Name of Contact Person

at ( 954 ) 983-5800

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

FILED  
11 APR - 1 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FORREST INVESTMENT ENTERPRISES, 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 \_\_\_\_\_, assigned Florida document number A99000001340, 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:**

New Principal Office Address:

(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

**FILED**  
11 APR - 1 12 42  
CLERK OF STATE  
TALLAHASSEE  
FLORIDA

**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.*

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>
_____	RAFFEL, FORREST, B	16375 NE 18 AVE, #206 MIAMI, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	RAFFEL, LEROY B.	16375 NE 18 AVE, # 206 MIAMI, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	FORREST B. RAFFEL IRREV TRUST	G11000030175 16375 NE 18 AVE, #206 MIAMI, FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GP	LEROY B. RAFFEL IRREV TRUST	16375 NE 18 AVE, #206 MIAMI, FL 33162 G11000030165	<input checked="" 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.

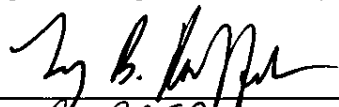
**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

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.)

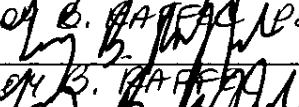
Signature(s) of a general partner or all general partners\*: \_\_\_\_\_ Date: March 17, 2011

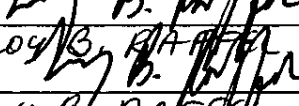
(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

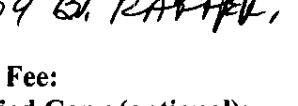
  
\_\_\_\_\_  
LEROY B. RAFFEL, TRUSTEE

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

①   
LEROY B. RAFFEL, PERSONAL REPRESENTATIVE ESTATE OF FORREST B. RAFFEL

②   
LEROY B. RAFFEL

③   
LEROY B. RAFFEL, TRUSTEE OF THE FORREST B. RAFFEL IRREVOCABLE TRUST

④   
LEROY B. RAFFEL, TRUSTEE OF THE LEROY B. RAFFEL IRREVOCABLE TRUST

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