## A-99000001747

| (Requestor's Name)                      |   |  |  |  |  |
|---|---|--|--|--|--|
| (Address)                               | _ |  |  |  |  |
| (Address)                               | _ |  |  |  |  |
| (City/State/Zip/Phone #)                | _ |  |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |  |
| (Business Entity Name) A 9 9 - 1 7 4 7  | _ |  |  |  |  |
| (Document Number)                       | _ |  |  |  |  |
| Certified Copies Certificates of Status | _ |  |  |  |  |
| Special Instructions to Filing Officer: | 7 |  |  |  |  |
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Office Use Only

## **COVER LETTER**

| TO: Registration S Division of C  |   |  |   |  |  |
|---|---|--|---|--|--|
| SUBJECT: R.C.R. Management LLLP  (Name of Florida Limited Partnership or Limited Liability Limited Partnership) |   |  |   |  |  |
|   |   | nd fee(s) are submitted                | •   |  |  |
| Please return all corr  | espondence concernir                                | ng this matter to:                     |   |  |  |
| Russell Faibis  |   |  |   |  |  |
|   | (Contact Person)                                    |  |   |  |  |
| R.C.R. Manage   |   |  |   |  |  |
|   | (Firm/Company)                                      |  |   |  |  |
| 1000 NW 14th  | Street  |  |   |  |  |
|   | (Address)   |  |   |  |  |
| W/- / TT 00   | 100   |  |   |  |  |
| Miami, FL 33  | 136<br>City, State and Zip Code)                    |  |   |  |  |
| •   |   |  |   |  |  |
| For further informati   | on concerning this ma                               | atter, please call:                    |   |  |  |
| Adriana Pirel   | a ,   | at ( <u>305</u> ) <u>38</u>            | 31-7072   |  |  |
| (Name of Conta  | nct Person)   |  | sytime Telephone Number)  |  |  |
| Enclosed is a check for the following amount:   |   |  |   |  |  |
| ▲ \$52.50 Filing Fee  | □\$61.25 Filing Fee<br>and Certificate of<br>Status | \$105.00 Filing Fee and Certified Copy | ☐\$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |  |
| STREET ADDRESS:   |   | MAILING ADDRESS:                       |   |  |  |
| Registration Section  |   | Registration Section                   |   |  |  |
| Division of Corporations  |   | Division of Corporations               |   |  |  |
| Clifton Building  |   | P. O. Box 633                          |   |  |  |
| 2661 Executive Cent   |   | Tallahassee,                           | FL 32314  |  |  |
| Tallahassee, FL 323   | U I   |  |   |  |  |



February 19, 2009

RUSSELL FAIBISCH 1000 NW 14TH STREET MIAMI, FL 33136

SUBJECT: R.C.R. MANAGEMENT LLLP

Ref. Number: A9900001747

We have received your document for R.C.R. MANAGEMENT LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

This document was received in our office on 2/18/09.

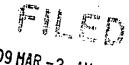
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 909A00005915

Neysa Culligan Regulatory Specialist II

## 



| OF  | SECRETON OF                       |
|---|-----------------------------------|
| R.C.R. Management, LLLP                                       | TALLAHASSEE FLORIDA               |
| (Insert name currently on file with Florida Departs           | ment of State)                    |
|   | The the Book of the second to the |
| to the provisions of section 620.1202, Florida Statutes, this | s riorida ilmited partnership or  |

| Pursuant to the provisions of section 620.1202, Flo<br>limited liability limited partnership, whose certific<br>October 21, 1999, assigned Flor | ate was filed w                              | ith the Florida                  | Department of State on           |
|---|--|----------------------------------|----------------------------------|
| adopts the following certificate of amendment to it   | ts certificate of                            | limited partner                  | ship.                            |
| This amendment is submitted to amend the following:   |  |                                  |                                  |
| A. If amending name, enter the new name of the line   | mited partnersh                              | ip or limited lia                | bility limited partnership       |
| N/A   |  |                                  |                                  |
| N/A (New name must be distinguisha  | ble and contain a                            | n acceptable suff                | īx.)                             |
| Acceptable Limited Partnership suffixes: Limited Partnershi<br>Acceptable Limited Liability Limited Partnership suffixes: L                     | ip, Limited, L.P., L<br>imited Liability Lir | P, or Ltd.<br>nited Partnership, | L.L.L.P. or LLLP.                |
| B. If amending mailing address and/or princip<br><u>principal office address here</u> :   | al office addre                              | ss, <u>enter new i</u>           | nailing address and/or           |
| New Principal Office Address: (Must be STREET address)  | N/A  |                                  |                                  |
| New Mailing Address: (May be post office box)   | N/A  |                                  |                                  |
| C. If amending the registered agent and/or registernew registered agent and/or the new registered office  |  | ss on our recor                  | ds, <u>enter the name of the</u> |
| Name of New Registered Agent:   | N/A  |                                  | ·                                |
| New Registered Office Address:  | N/A  | lorida street add                | (Mana)                           |
|   | (Enter F                                     | ioriaa sireel add                | ress)                            |
|   |  | , Florida                        |                                  |
|   | (City)                                       |                                  | (Zip Code)                       |

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

| •           |                      |                                | . · · · · · · · · · · · · · · · · · · · |
|-------------|----------------------|--------------------------------|---|
|             |                      | (If Changing Registered Ag     | ent, Signature of New Registe           |
|             |                      | er the name and business addre | ess of each general parti               |
| ,           | ed from our records: |                                |   |
| <u>tle</u>  | <u>Name</u>          | Address                        | Type of Action                          |
|             | N/A                  |                                |   |
|             |                      |                                | Remove                                  |
|             |                      |                                | Add                                     |
|             |                      |                                | Remove                                  |
|             | •                    |                                | Add                                     |
| <del></del> |                      |                                | ☐ Remove                                |
|             |                      |                                | ☐ Add                                   |
|             |                      |                                | Remove                                  |
|             |                      | <u></u>                        |   |
|             |                      |                                | Remove                                  |
| ,           |                      |                                |   |
| <del></del> |                      |                                | □ Add<br>□ Remove                       |
|             |                      |                                |   |

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

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

| F. If amending any other informati  | ion, enter chang                      | e(s) here:   | (Attach addi   | tional sheets, i   | f necessary.)    |   |                           |
|---|---------------------------------------|--------------|----------------|--------------------|------------------|---|---------------------------|
| This is an amendment to   | statement #                           | 7 of th      | ne Certifi     | cate of Li         | mited            |   | <del></del>               |
| Partnership. The durat  | ion of the L                          | LLP is       | PERPETUAL      | . Accordin         | g to             |   |                           |
| Florida Statute 620.1   | 104 (3).                              |              |                |                    | -                |   |                           |
|   |                                       |              |                |                    |                  |   | ,                         |
|   |                                       |              |                |                    |                  |   |                           |
| Effective date, if other than the da (Effective date cannot be prior to nor mo State.)                                    | ite of filing:<br>ore than 90 days aj | fler the dat | this documen   | nt is filed by the | Florida Depa     | rtment  | of ·                      |
| Signature(s) of a general partne  | r or all genera                       | l partne     | <u>'s*:</u>    |                    |                  |   |                           |
| (*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liabi | nership" election s                   | statement.   | Chapter 620, l | S., requires all   |                  |   | sign                      |
| Num m Fail  | w                                     |              |                |                    |                  |   | <del></del>               |
| President, RCR Management, Inc.   |                                       |              |                |                    |                  |   |                           |
| General Partner   |                                       |              | <u></u> -      | <del>-</del>       |                  |   |                           |
|   |                                       | •            | ·              |                    |                  |   |                           |
|   |                                       |              |                |                    | <del></del>      |   | _                         |
| Signature(s) of all new or dissoc   | iating general                        | partner(     | s), if any:    |                    |                  |   |                           |
|   |                                       |              |                | ·                  |                  |   |                           |
|   | <del></del> .                         |              |                |                    | <del>- 7</del> 8 | 9   | _                         |
|   | <u> </u>                              | i            |                |                    | - <del> </del>   | <del>**</del> <del>**</del> <del>**</del> <del>**</del> <del>**</del> <del>**</del> <del>**</del> <del>**</del> | - 6                       |
|   |                                       |              |                |                    | る意               | <u> မ</u>   | 1)<br>Limeton<br>canadama |
|   |                                       |              |                |                    | 9                | A   | THE PERSON NAMED IN       |
|   | ·                                     |              | <u>.</u>       |                    | 22               | 9: 52   | A PARTY                   |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional):  | \$52.50<br>\$52.50<br>\$8.75          |              |                | •                  | DA<br>DA         |   |                           |