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Florida Department of State  
Division of Corporations  
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245-6030

**\*RE-SUBMIT\***

To:

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

Please retain original filing  
date of submission 2/28

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
MARINA CLINTON ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	057
Estimated Charge	\$52.50

B. KOHR

MAR. 5 2012

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DIVISION OF CORPORATIONS  
12 FEB 28 PM 5:05

EXAMINER

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March 1, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MARINA CLINTON ASSOCIATES, LTD.  
1600 HOPKINS CROSSROAD  
MINNETONKA, MN 55305US

SUBJECT: MARINA CLINTON ASSOCIATES, LTD.  
REF: A99000001873

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Gina McLeod  
Regulatory Specialist II

FAX Aud. #: H12000053161  
Letter Number: 612A00008288

**\*RE-SUBMIT\***

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P.O. BOX 6327 - Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marina Clinton Associates, 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:

Jill Louden

Contact Person

Gallagher Evellus & Jones LLP

Firm/Company

218 North Charles Street, Suite 400

Address

Baltimore, MD 21201

City, State and Zip Code

jlouden@gelaw.com

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

For further information concerning this matter, please call:

Jill Louden

Name of Contact Person

at ( 410 )

347-1364

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

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DIVISION OF CORPORATIONS  
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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

Marina Clinton Associates, 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 November 15, 1999, assigned Florida document number A99000001873, 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

**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>
GP	CHC Marina Bay GP, LLC	161 St. Anthony Avenue	<input type="checkbox"/> Add
		Suite 820	<input checked="" type="checkbox"/> Remove
	L06000107027	St. Paul, MN 55103	
GP	Shelter Marina Bay LLC	1600 Hopkins Crossroad	<input checked="" type="checkbox"/> Add
		Minnetonka, MN 55305	<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\*:**

(\*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.)

CHC Marina Bay GP, LLC

By: \_\_\_\_\_

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

Shelter Marina Bay LLC

By: \_\_\_\_\_

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