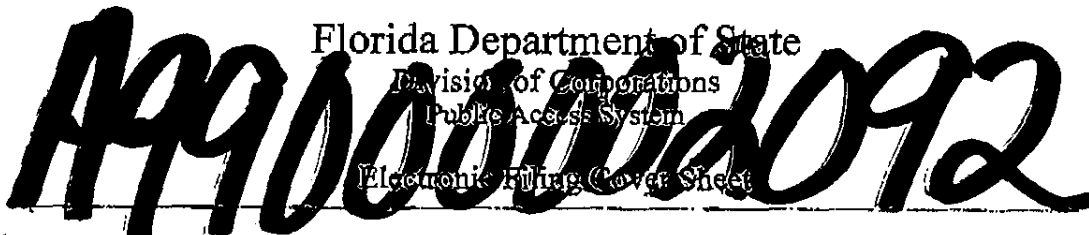


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Capital Connection

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Fax Number : (850) 205-0383

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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Thanks*

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

RSF FAMILY LIMITED PARTNERSHIP - NORTON

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

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

RSG Family Limited Partnership - Norton

(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 14, 1999, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (Indicate information being amended, added, or deleted).

1. The name of the Partnership shall be changed to: Norton Clearwater Limited Partnership.
2. The office address shall be changed to: 402 11th St. N., Naples, FL 34102
3. The name and address of the agent for service of process shall be changed to: Barfield Bay Properties, Inc., 402 11th St. N., Naples, FL 34102. (cont'd below)
4. The address of the General Partner and mailing address of the Partnership shall be: P.O. Box 990460, Naples, FL 34116
5. The latest date for dissolution shall be changed to December 31, 2037.
6. The Certificate of Amendment filed April 18, 2002 shall be deleted in its entirety.

SECOND: 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(s)*:

*(*Note: If adding or deleting an election to be a limited liability limited partnership, all general partners must sign the amendment.)*

***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.**

Barfield Bay Holdings, Inc., a FL corporation

Barfield Bay Properties, Inc., a FL corporation

By: _____

By: _____

Its: President

Its: President

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

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 Certificate of Status (optional): \$8.75

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