

BO2000000338

Michael McDonough Limited Partnership
PO Box 4211
Ormond Beach, FL. 32175

Sept. 27, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

900008112419--1
-09/30/02--01080--016
****105.00 ****105.00

900008112419--1
-08/23/02--01039--001
*****25.00 *****25.00

RE: McDonough Limited Partnership changed to Michael McDonough Limited Partnership

To Whom It May Concern,

Enclosed please find our signed and notarized amendment for name change to Michael McDonough Limited Partnership. A check for \$105 is enclosed to cover the cost of the amendment and a certified copy.

Please also find enclosed our previous filing that was in error. You can forward the \$25 refund to the above mentioned address.

Thank you,

Michael W. McDonough

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

FILED
02 OCT 17 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7c
\$100.00

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Michael McDonough Limited Partnership
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

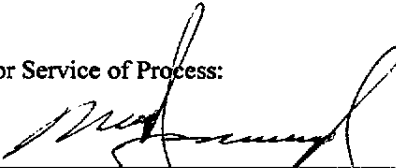
3. Georgia 4. 11/20/2000
(State of Formation) (Date of Formation)

5. Michael W McDonough
(Name of Registered Agent for Service of Process)

6. 284 N Halifax Dr
(Street Address of Registered Office)

Ormond Beach, Florida 32176
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:


(Agent must sign on this line)

8. 4101 Sunnyside Club Dr., Unit 43
Atlanta Ga 33350
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

OLOF LLC 284 N- Halifax Dr Ormond Beach FL
(LOOOOOO 11320) 32176

10. 284 N- Halifax Dr Ormond Beach FL 32176
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
02 OCT 17 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. 284 N. Halifax Dr
Ormond Beach FL 32174
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11 day of October, 2002.

Michael W. McDonough - MEMBER for OLOF LLC
General Partner

STATE OF FLORIDA

COUNTY OF VOLUSIA



On this 11th day of October, 2002

MICHAEL W. McDONOUGH personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

02 OCT 17 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Christine R. Pitti
(Notary Public Signature)

CHRISTINE R. PITTI
(Notary's Printed Name)

Seal

My Commission Expires: 4/6/04



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Michael W. McDonough,
a general partner of Michael McDonough Limited Partnership, a (an) _____
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11 day of October, 2002.

Michael W. McDonough - MEMBER - OL
General Partner

FILED
02 OCT 17 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF VOLUSIA

On this 11th day of October, 2002

MICHAEL W. McDONOUGH, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Christine R. Pitti
(Notary Public Signature)

CHRISTINE R. PITTI
(Notary's Printed Name)

Seal



My Commission Expires: Apr. 6, 2004