

BO6000000295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB 19 AM 9:49
TALLAHASSEE, FLORIDA

FEB 19 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McNamara Family Partners II LTD
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eleanor Bates
Contact Person

Recreation Worlds
Firm/Company

13904 W. Colonial Dr
Address

Winter Garden FL 34787
City, State and Zip Code

eleanor@grwr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eleanor Bates at (407) 656-6444
Name of Contact Person 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

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

McNAMARA Family Partners II LTD

2. The jurisdiction of its formation is: Colorado

3. The date the entity was authorized to transact business in Florida is: 7-21-06

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Lawrence D McNamara

13906 W. Colonial Dr
Winter Garden FL 34787

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐

The entity elects to be a limited liability limited partnership.

☐

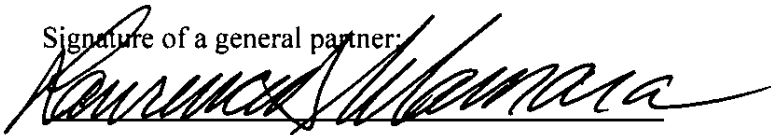
The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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 of a general partner:



Typed or printed name:

Lawrence D McNamara

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AUTHORITY FOR
McNAMARA FAMILY PARTNERS II, LTD.

The undersigned, as the duly appointed General Partner of McNAMARA FAMILY PARTNERS II, LTD., a Colorado limited partnership, hereby certifies that LAWRENCE D. McNAMARA is the duly authorized and acting General Partner of the Partnership with full authority to manage and act on behalf of the Partnership pursuant to the Designation of Successor General Partner attached hereto.


DATED: 1-30, 2018.


LAWRENCE D. McNAMARA

CERTIFICATION BY ATTORNEY

I, ERIC S. MASHBURN, as attorney for McNAMARA FAMILY PARTNERS II, LTD., a Colorado limited partnership, hereby certifies that the foregoing Certificate of Authority complies with and reflects the authorized acts of the Partnership enacted in the due course of its business.

Dated: 1-30, 2018.


ERIC S. MASHBURN, ESQUIRE

STATE OF FLORIDA
COUNTY OF ORANGE

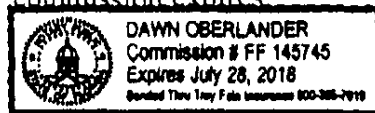
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared LAWRENCE D. McNAMARA to me known personally to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 30th day of January, 2018.



Notary Public, State of Florida

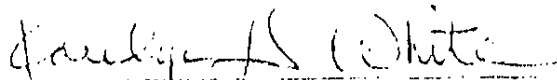
My commission expires:



STATE OF FLORIDA
COUNTY OF ORANGE

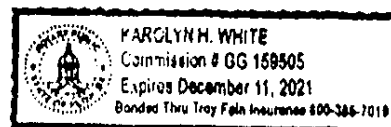
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ERIC S. MASHBURN to me known personally to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 30th day of January, 2018.



Notary Public, State of Florida

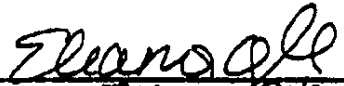
My commission expires:




DESIGNATION OF SUCCESSOR GENERAL PARTNER

DONALD L. McNAMARA, as General Partner of McNAMARA FAMILY PARTNERS II, LTD., pursuant to the power vested in him as General Partner under Article 12.6.3.2 of the Partnership Agreement, hereby designates LAWRENCE D. McNAMARA as his Successor General Partner in the event he should die, become incapacitated, or resign. LAWRENCE D. McNAMARA shall succeed to all the rights, privileges, and powers of the General Partner under the Partnership Agreement for McNAMARA FAMILY PARTNERS, II, LTD.

DATED this 28 day of MARCH, 2007.


Print Name: Eleanor Ogilvie, Witness



Print Name: Theresa Stewart, Witness


DONALD L. McNAMARA

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DONALD L. McNAMARA to me known personally to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this MARCH 28, 2007 day of _____, 2006.


Notary Public, State of Florida
My commission expires:




Angelo Joseph Mazza
Commission # DD684702
Expires October 3, 2010
Notary Public - Commission Fee \$25.00

ACCEPTANCE AS SUCCESSOR TRUSTEE

Lawrence D. McNamara hereby accepts appointment as the successor Trustee of the
Donald L. McNamara Family Trust dated March 1, 2011, effective immediately.

Dated: January 30, 2018.



LAWRENCE D. McNAMARA, Trustee

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018004383

DATE ISSUED: January 16, 2018

DECEDENT INFORMATION

STATE FILE DATE: January 12, 2018

NAME: DONALD LESTER MCNAMARA

DATE OF DEATH: January 1, 2018

SEX: MALE

AGE: 074 YEARS

DATE OF BIRTH: June 11, 1943

SSN: 504-46-8951

BIRTHPLACE: WATERTOWN, SOUTH DAKOTA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: FLORIDA HOSPITAL ORLANDO

LOCATION OF DEATH: ORLANDO, ORANGE COUNTY, 32803

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: BARBARA ANN TAVARES

RESIDENCE: 1045 JILLIAM WAY, ORLANDO, FLORIDA 34787, UNITED STATES

COUNTY: ORANGE

OCCUPATION, INDUSTRY: CHAIRMAN / FOUNDER, RV DEALER

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES?YES

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: SYLVESTER MCNAMARA

MOTHER/PARENT: MARJORIE MCNAMARA

INFORMANT: BARBARA MCNAMARA

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 1045 JILLIAM WAY, WINTER GARDEN, FLORIDA 34787, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: WOODLAWN CREMATORY
GOTHA, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: N. ERIK OLLER, F045019

FUNERAL FACILITY: BALDWIN-FAIRCHILD FUNERAL HOME - WINTER GARDEN F040473
428 EAST PLANT ST, WINTER GARDEN, FLORIDA 34787

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0734

DATE CERTIFIED: January 12, 2018

CERTIFIER'S NAME: HAMMAM GHIYAS KEMEH

CERTIFIER'S LICENSE NUMBER: ME112530

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



State Registrar

REQ. 2018866900

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DL FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



Eleanor Ogle

From: FL_DOS_Corporations@dos.state.fl.us
Sent: Sunday, January 14, 2018 4:16 AM
To: Eleanor Ogle
Subject: Official 2018 Annual Report Notice for: B06000000295

MCNAMARA FAMILY PARTNERS II, LTD.

B06000000295

emails 2-14-18

File # 59-3822492

Your 2018 Annual Report is now due. Annual reports for all corporations, limited liability companies, limited partnerships and limited liability limited partnerships are due each year between January 1st and May 1st. An annual report is a required report that is used to update or confirm the Florida Department of State, Division of Corporations' records. It is not a financial statement.

An annual report must be filed each year for your business entity to maintain an active status with the Department of State, and is required regardless of whether you need to make changes or not. All annual reports must be filed online at www.sunbiz.org.

Click on Annual Report under Filing Services to complete your filing. Data displayed on the online annual report form is the most current data on file with this division. Please review your data carefully and make changes where necessary. Filing instructions are available on the website, and you may pay by credit card, check or through a prepaid Sunbiz E-File Account.

Remember to file on or before May 1st. It is easy, quick and secure! A \$400 non-negotiable late fee will be imposed on any profit corporation, limited liability company, limited partnership and limited liability limited partnership annual report filed after midnight Eastern Standard Time on May 1st. Non-profit corporations are not subject to the \$400 late fee. Any business entity which fails to file its annual report by the third Friday of September will be administratively dissolved or revoked in our records on the fourth Friday in September.

Administratively dissolved or revoked entities may be reinstated by submitting a reinstatement application and paying all associated fees, which include the reinstatement fee and annual report fees due, at the time of submission.

Sunbiz.org remains the only official website of the Department of State, Division of Corporations. You will know you are in the right place when you see our official Sunbiz.org logo and header identifying the website as an official State of Florida website.

File Early, Florida!