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(Cit	ty/State/Zip/Phone	e #)		
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(Bu	siness Entity Nar	me)		
(Document Number)				
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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: ECH		e Associates, l		
	Name of Foreign Limite	d Partnership or Limited Lia	ability Limited Partnership	
The enclosed amend	dment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concernin	g this matter to:		
Lisa Lomb				
	Contact Person			
ECHO Real	Estate Services	s Company		
	Firm/Company			
560 Epsilon	Drive			
	Address	_		
Pittsburgh, P	A 15238			
	City, State and Zip Code			
_	s@echorealty			
E-mail address: (to	be used for future annual!	report notification)		
For further informat	tion concerning this ma	tter, please call:		
Lisa Lomb		_{at (} 412) 85	0-5325	
Name of Co	entact Person	Area Code and Daytin	ne Telephone Number	
Enclosed is a check	for the following amou	ınt:		
\$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 ADDRES	SS:	MAILING A	DDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassaa El 32		i ananassee, i	L 34314	

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limit the Florida Department of State is: ECHO Fort Pierce Associates, L.P.	ed liability limited partnership as it a	opears on the records of		
2. Document Number of Foreign Limited Partn	ership or Limited Liability Limited P	artnership: <u>B06000000488</u>		
2. The jurisdiction of its formation is: Delaware				
3. The date the entity was authorized to transact	ct business in Florida is: 12/27/2006			
4. If the amendment changes the name of the l the new name:	imited partnership or limited liability	limited partnership, enter		
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh LLLP.	ted Partnership, Limited, L.P., LP, or nip suffixes: Limited Liability Limited	Ltd. Partnership, L.L.L.P. or		
5. If the amendment changes the general partn Name:	er(s), list the name and business addre <u>Business Address</u> :	ess of each general partner		
ECHO Developers Fund II Managing Partner	560 Epsilon Drive	∏Add		
	Pittsburgh, PA 15238	Remove X Change		
	<u> </u>	☐Add ☐Remove ☐Change		
		Add □Remove □Change		
		☐Add ☐Remove ☐Change		
		☐Add ☐Remove ☐Change		
		Add Remove		

6. If the amen	dment changes the jurisdict	ion of organization	n, indicate new juriso	liction:	
7. If the amen	dment corrects any false stathe correction:	ntement listed in the	e application, indica	te the statement bei	ng
The prin	cipal address an	d the mailir	ng address fo	or the limited	<u>d_</u>
partners	hip is:				
560 Eps	ilon Drive				
Pittsburg	jh, PA 15238		100		_
8. If the amenthe appropriate	dment is to add or delete and	election to be a lin	mited liability limite	d partnership staten	nent, check
	The entity elects to be a	limited liability lin	nited partnership.		Editor I
	The entity is no longer a	limited liability lir	nited partnership.		17 HAY 30
amendment(s)	an original certificate, no no duly authenticated by the oty is organized.				
10. Effective of (Effective date Department of	date, if other than the date of cannot be prior to nor more 'State.)	of filing: e than 90 days afte	er the date this docu	ment is filed by the	Florida
Signature of a ECHO Develope	general partner: ers Fund II Mapaging Partner	/			
Typed or print		_			
Nicholas Me	eriwether, Authorized F	Representative			
Filing Fee: Certified Cop Certificate of	y (optional): Status (optional): \$8.75	\$52.50 \$52.50			