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J. BRYAN

MAY 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CEA Augumn Special Opportunities Fund, L.P. Name of Limited Partnership or Limited Liability Limited Partnership
The enclosed Statement of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
BARBARA MURRAY Contact Person CEA AUTUMN ASSOCIATES IT LLC
101 E KENNENY BLVA, STE 3300 Address
TAMPA, FL 331.02 City, State and Zip Code City, State and Zip Code City, State and Zip Code E-mail address; (to be used for future annual report notification) E-mail address; (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Min 6 Tun 6 at (813) 226 - 8844 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 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

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

CEA	AUTUMN SPECIAL OPPORTUNITIE	S Fund	١.	<u>P.</u>
	Insert name currently on file with Florida Department of		,	•

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following certificate of correction.

FIRST: The reason for filing this certificate of correction is: The record contained false or erroneous information. The record was defectively signed.	SEC!
SECOND: This statement corrects FEI/EIN NUMBER Specify document type being corrected SEPTEMAER 18, 2008 Insert date document filed with Dept. of State	AHASSEE, FLOR
THIRD: The false or erroneous information or defect is as follows:	9
FEI/EIN # 26296802	
FOURTH: The false or erroneous information or defect is corrected as follows	:
FEI/EIN# 262871289	

Signature of a general partner*:

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

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

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SECRETARY OF STATE
TAIL LAHASSEE, FLORID

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