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Division of Corporations

Fax Number : (850) 617-6383

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: I2000000195 Phone : (850)521-1000 : (850)558-1575

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION LXP MKP TRS L.P.

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CORPHAMPTON

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MAR 1 0 2010



### AMENDMENT TO CERTIFICATE OF AUTHORITY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| 2. The jurisdiction of its formation  | is: Delaware  |
|---|---|
| 3. The date the entity was authoriz   | zed to transact business in Florida is: 02/19/10  |
| 4. If the amendment changes the nalimited partnership, enter the new n LRA MKP TRS L.P.     | name of the limited partnership or limited liability name:  |
| Acceptable Limited Partnership suffixes: Acceptable Limited Liability Limited Partnor LLLP. | Limited Partnership, Limited, L.P., LP, or Ltd.<br>nership suffixes: Limited Liability Limited Partnership, L.L.L.P |
|   |   |
| each general partner:   | eneral partner(s), list the name and business address of Business Address:  |
| each general partner:   | Business Address:   |
| each general partner:   | Business Address:   |
| each general partner:   | Business Address:   |
| each general partner:   | Business Address:   |
| each general partner:   | Business Address:   |
| 5. If the amendment changes the geen general partner: Name:                                 | Business Address:   |

Page 1 of 2

| 6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  |   |  |
|---|---|--|
| 7. If the amendment corrects any firstatement being corrected and the corrected and | alse statement listed in the application, indicate the orrection:   |  |
| •   |   |  |
| 8. If the amendment is to add or de partnership statement, check the ap   | elete an election to be a limited liability limited propriate box:  |  |
| The entity elects to b  | be a limited liability limited partnership.   |  |
| The entity is no long   | ger a limited liability limited partnership.  |  |
| aforementioned amendment(s), duly   | e, no more than 90 days olds, evidencing the y authenticated by the official having custody of law of which this entity is organized. |  |
| 10. Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)   | date of filing: than 90 days after the date this document is filed by the Florida   |  |
| Signature of a general partner:   |   |  |
| Typed or printed name:  |   |  |
| By: LRA GP LLC, general par   |   |  |
| BV: Maria Hall, ASSA  | \$52.50   |  |
| Filing Fee:<br>Certified Copy (optional):   | \$52.50   |  |
| Certificate of Status (optional):   | \$8.75  |  |

Page 2 of 2

DIVISION OF CORPORATIONS

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LXP MKP TRS L.P.",

FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "LRA MKP TRS

L.P.", THE THIRD DAY OF MARCH, A.D. 2010, AT 7:18 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4786601 8320

100255612

UTHENTY CATION: 7854251

DATE: 03-08-10

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