

B970 00000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

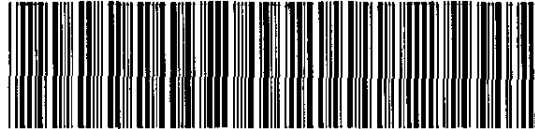
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

STATE
TALLAHASSEE, FLORIDA

Holland & Knight LLP
Requester's Name

315 So. Calhoun Street
Address

425-5675
City/State/Zip Phone #

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Poinciana Lake Apartments Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☒ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

POINCIANA LAKE APARTMENTS LIMITED PARTNERSHIP

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows:

THE NEW GENERAL PARTNER IS:

POINCIANA LAKES, LLC
11301 OLIVE BOULEVARD
ST. LOUIS, MISSOURI 63141

POINCIANA LAKES, LLC

By: _____

(Signature of a General Partner)

Robert P. Greene, Member

(Typed or printed name of General Partner signing above)

STATE OF Missouri

COUNTY OF St. Louis

On this 21st day of November, 2005, Robert P. Greene, a Member of Poinciana Lakes, LLC personally appeared before me,



who is personally known to me



whose identity I proved on the basis of _____

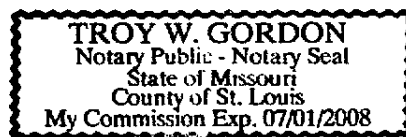
(Notary Public Signature)

Troy W. Gordon

(Notary's Printed Name)

Seal

My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA