

B97000000485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

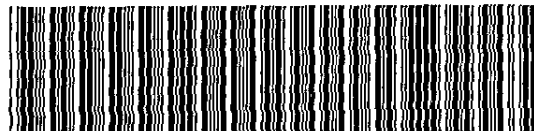
(Document Number)

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05 FEB -4 PM 1:45  
FILE  
05 FEB -4 AM 9:05  
FILING  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 2/4/05

REF. #: 0626.34499

CORP. NAME: JEFFERSON COMMONS - TALLAHASSEE LIMITED PARTNERSHIP

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05 FEB -4 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 91316 FOR \$ 157.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY (2) | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS         |   |   |

Examiner's Initials

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

Jefferson Commons - Tallahassee 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 name of the limited partnership is EDR Tallahassee Limited Partnership.

**FILED**  
05 FEB -4 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(Signature of a General Partner)

See Attached Signature Page

(Typed or printed name of General Partner signing above)

STATE OF Georgia

COUNTY OF Fulton

On this 31st day of January, 2005, Paul O. Bower personally appeared before me,



who is personally known to me



whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

Judith A. Nave  
(Notary's Printed Name)

Seal

My Commission Expires:

Notary Public, DeKalb County, Georgia  
My Commission Expires May 20, 2005.

Signature Page EDR Tallahassee Limited Partnership

EDR Tallahassee, LLC,  
a Delaware limited liability company, its general partner

By: EDR Tallahassee, Inc.,  
a Delaware corporation, its managing member

By:   
Paul O. Bower, President

Date: 1/31/05