

L090000118431

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000228188 3)))



H100002281883ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HADDOCK PROFESSIONAL ASSOCIATION
Account Number : I20010000146
Phone : (407) 571-3900
Fax Number : (407) 571-4390

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

Email Address: _____

RECEIVED

10 OCT 18 AM 7:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOCA VISTA PARTNERS I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

10 OCT 18 AM 8:01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

Electronic Filing Menu Corporate Filing Menu

Help OCT 19 2010

EXAMINER

10/18/2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOCA VISTA PARTNERS I, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORI ANN LINN

Name of Person

Haddock Professional Association

Firm/Company

3300 University Blvd., Suite 218

Address

Winter Park, Florida 32792

City/State and Zip Code

loril@fullsail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Linn

Name of Person

at (407)

571-3908

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H10000228188-3))

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
((
10 OCT 18 AM 8:01
8

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

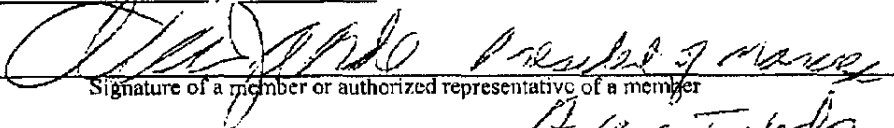
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SunGate Colorado Inc.	2100 W. Littleton Blvd., Suite 300 Suite 300 Littleton, Colorado 80120	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Stoneleigh Manager 2, LLC	523 W. Old Northwest Hwy., Suite 201 Barrington, Illinois 60010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 12, 2010


Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

((H10000228188 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 18 AM 8:01