

M02000001870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

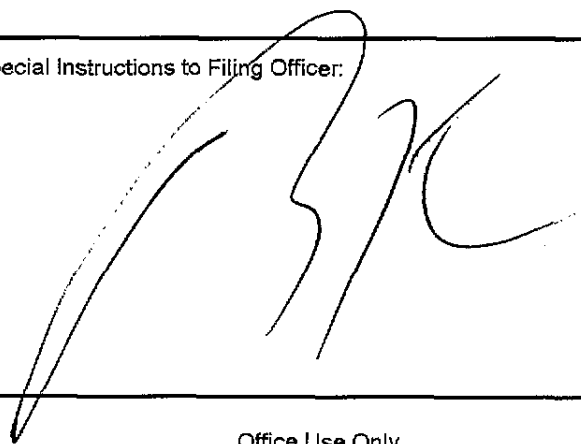
PICK-UP WAIT MAIL

(Business Entity Name)

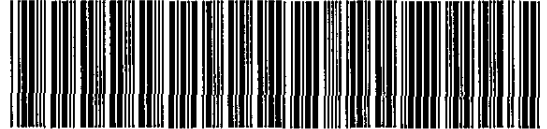
(Document Number)

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04/12/05--01003--020 **25.00

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FILED
05 APR 11 11 44 AM '05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

April 11, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 APR 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6339889 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Alta at Little Lake Bryan, L.L.C. (DE)
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Stephanie Sanders
Fulfillment Specialist
Stephanie_Sanders@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**


FILED
05 APR 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: ALTA AT LITTLE LAKE BRYAN, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 07/18/2002

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 04/11/2005
5. New name of the limited liability company: BONAPARTE PARTNERS, LLC
6. If the amendment changes the period of duration, indicate new period of duration: N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

Scott K. Toberman, Managing Member

Typed or printed name of signee

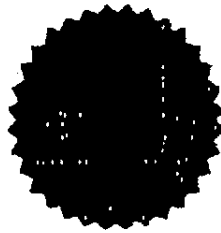
Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALTA AT LITTLE LAKE BRYAN, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BONAPARTE PARTNERS, LLC", THE ELEVENTH DAY OF APRIL, A.D. 2005, AT 3:16 O'CLOCK P.M.



3548467 8320

050291005

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3803003

DATE: 04-11-05