



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/10/2005	200506901862	AMENDMENT/LIMITED PARTNERSHIP (LPA)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

BUCKINGHAM, DOOLITTLE & BURROUGHS
191 W NATIONWIDE BLVD., #300
DAVID LYNCH OR IMMY SINGH
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**908637**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

GLIDDEN HOUSE ASSOCIATES LIMITED PARTNERSHIP

and, that said business records show the filing and recording of:

Document(s)

AMENDMENT/LIMITED PARTNERSHIP

Document No(s):

200506901862

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 28th day of February,
A.D. 2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☐ No PO Box 1028
Columbus, OH 43216

Certificate of Amendment / Correction / Restated of Limited Partnership or Partnership Having Limited Liability or Disclaimer of General Partner Status

(Domestic or Foreign)

Filing Fee \$50.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY THE APPROPRIATE BOX(ES))

(1) Limited Partnership Domestic ☒ Amendment (127-LPA) ☐ Restated (162-LPR)	(2) Limited Partnership Foreign ☐ Correction (136-FCR) (Home State/Country)
(3) Partnership Having Limited Liability ☐ Domestic ☐ Foreign ☐ Correction (177-PLL) ☐ Restated (178-PLL)	(4) ☐ Cancellation of Disclaimer of General Partnership Status (130-LPS)

Complete the general information in this section for the box checked above.

Name of Partnership	Glidden House Associates Limited Partnership		
	(current name on record)		
Registration No.	908637		
Date Registered with Ohio Secretary of State	June 21, 1995	Original Registration Date	March 5, 1987
	(Date)		(Date)

Complete the information in this section if Restated is checked in box (1). If Amendment is checked, complete the information that applies.

The name of the limited partnership shall be

The address of the principal place of business of the partnership shall be:

2720 Van Aken Boulevard, Suite 200

(street address)

Note: P.O. Box Addresses are NOT acceptable.

Cleveland

(city, township, or village)

OH

(state)

44120

(zip code)

Complete the information in this section if Restated is checked in box (1). If Amendment is checked, complete the information that applies cont.

The name and business or residence address of each **GENERAL PARTNER** is:

(If insufficient space to cover this item, please attach additional sheet)

Name

Address

Note: P.O. Box Addresses are NOT acceptable.

Paran GP Limited

2720 Van Aken Boulevard, Suite 200

Cleveland, OH 44120

Other provisions (optional):

Complete the information in this section if box (2) is checked.

A Foreign Limited Partnership does hereby certify that the following statement contained in said limited partnership application for registration was false or inaccurate, and that such statement is to be corrected as follows:

The false or inaccurate statement is:

The correct or accurate statement is:

Complete the information in this section if Restated is checked in box (3). If Correction is checked, complete the information that applies.		
The name of the partnership shall be _____		
Please complete the following appropriate section (either item A or B):		
A. The address of the partnership's principal office in Ohio is:		
(street address) _____ <i>Note: P.O. Box Addresses are NOT acceptable.</i>		
_____, Ohio _____ (zip code)		
(city, township, or village) _____		
(If the partnership does not have a principal office in Ohio, then item B and item C must be completed)		
B. The address of the partnership's principal office (Non-Ohio):		
(street address) _____ <i>Note: P.O. Box Addresses are NOT acceptable.</i>		
_____ (state) _____ (zip code)		
(city, township, or village) _____		
C. The name and address of a statutory agent for service of process in Ohio is as follows:		
(name of agent) _____		
(street address) _____ <i>Note: P.O. Box Addresses are NOT acceptable.</i>		
_____, Ohio _____ (zip code)		
(city, township, or village) _____		
If this is a Foreign Limited Liability Partnership, please indicate the state or jurisdiction in which it has been created:		

(Please note, the above item must only be completed if the Partnership Having Limited Liability is a Foreign Partnership Having Limited Liability.)		
The business which the partnership engages in is:		

PARAN MGR.

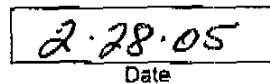
Fax:2169210342

Feb 28 2005 9:38 P.02

Complete the information in this section if box (4) is checked.	
The date the Certificate of Disclaimer of General Partner Status in question was filed on:	_____ (date)
The name of the person/entity identified in the Certificate of Disclaimer of General Partner Status filed on the date referenced in the line above is:	

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)


Authorized Representative


Date

Joseph M. Shafran, Authorized Rep.
(Print Name)