2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0300000520

Entity Name: OYSTER MANAGEMENT SERVICES, LTD.

FILED Mar 21, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|----------------------------------|---|---------------------------------------|
| C/O SASSON MOULAV 4800 N FEDERAL HWY BOCA RATON, FL 334 | . #B300 | | |
| Current Mailing Address: | | New Mailing Address: | |
| C/O SASSON MOULAV 4800 N FEDERAL HWY BOCA RATON, FL 334: | . #B300 | | |
| FEI Number: 65-1180398 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MOULAVI, SASSON 4800 N FEDERAL HWY STE B300 BOCA RATON, FL 3343 | | | |
| The above named entity in the State of Florida. | submits this statement for the p | purpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electro | nic Signature of Registered Ag | ent | Date |
| GENERAL PARTNER I | NFORMATION: | ADDRESS CHANGES | S ONLY: |
| Document #: Name: SASSON MOL | II AVI. M.D. | | |

Name: SASSON MOULAVI, M.D

 Address:
 4800 N. FEDERAL HWY #300B
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: SASSON MOULAVI MGR 03/21/2011