APR-22-04 03:00 PM A02000000311 P.07

1. Entity Name
PURRSEAVERANCE, LLLP

Principal Place of Business	Mailing Address
560 SPINNAKER LANE LONGBOAT KEY, FL 34228	560 SPINNAKER LANE LONGBOAT KEY, FL 34228

FILED
04 MAY -3 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04222004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
1635 N. Bayshore Dr.	1635 N. Bayshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33132 Country: Miami-Dade	Zip: 33152 Country: Miami-Dade

4. FEI Number: 02-0599402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIDSHAL, JOAN
220 NORTH TUTTLE AVENUE
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: Joan Fridshal
Street Address (P.O. Box Number Is Not Acceptable): 1219 East Avenue South, suite 104
City: Sarasota FL Zip Code: 34239

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 04/24/04
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: $250,000.00

10. Amount of Capital Contributions in FLORIDA to date: 526.25

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000114024	STREET ADDRESS	1635 N. Bayshore Dr.
NAME	BOAT ONE, INC.		
STREET ADDRESS	560 SPINNAKER LANE		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	CITY-ST-ZIP	Miami, FL 33132
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

700037344347
05/26/04--01053--008 **476.25 -476.25

04 MAY -3 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700037344347
05/26/04--01053--009 **50.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 04/24/04
Signature and typed or printed name of signing general partner — Date — Daytime Phone #