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SECRETARY OF STATE

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

 Aquarius of Locky 	wood Limite Partnership, LLLP		
^1	Name of the limited partnership		
2. 12/04/2002 Date of filing/regis	3- A020-0001602 Document number a	ssigned	
4. The name of the region Department of States	istered agent and the registered office address as shown on Rice & Graus, P.L.	the records of th	e Florida
	Name 1900 Main St., Suite 300	•	
	Address Sarasota, FL 34236		
	City, State and Zip		
5. The name and addre	ss of the new registered agent and/or office:	77	
Melissa K. Rice, PA		SEC 205	
Name 1900 Main St., Suite 300		2005 FEB 2 SECRETAI	TI ====================================
-	Florida street address (P.O. Box not acceptable)	23 1887 C	
, <u>s</u>	arasota _{FL} 34236	>	
Such change(s) was/	City, State and Zip Were authorized by the general partners.	TATE ORIDA	
I hereby accept the appe	pintment as registered agent and agree to act in this capacit	y. I further agree	to comp

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00