2005 MAR 24 P 1: 20

Phillips, Eisinger & Brown, P.A. Presidential Circle 4000 Hollywood Boulevard • Suite 265 South Hollywood, Florida 33021 (Address)	RETARY OF STATE ANASSES 600048996096
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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OFFICE OR REGISTERED AGENT, OR BOTH FILFD

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the integrated limited partnership submits the following statement in order to change its registered office or registered agent; 20 or both, in the state of Florida.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I. OCEAN LAND FIN			·	
	N	ame of the limited partnership		
2. 04/16/2003		3, A03000000608		
Date of filing/registration in Florida		Document nur	Document number assigned	
4. The name of the regis	tered agent and th	e registered office address as shov	vn on the records of the Florida	
Department of State:	DAVID J. POV	VERS		
	7777 GLADES	Name S ROAD, SUITE 300		
		Address	 *	
	BOCA RATON	FL 33434		
-		City, State and Zip		
5. The name and address	-	-		
DE	ENNIS J. EISIN			
		Name		
40	00 Hollywood	Boulevard, Suite 265-South		
	Florida stree	t address (P.O. Box not acceptable)		
Ho	llywood	FL 33021		
6. Such change(s) was/w	ere authorized by	City, State and Zip the general partners.		
		en e		
Signature of General Partner				
I hereby accept the appoi	ntment as registere	ed agent and agree to act in this ca	pacity. I further agree to compl	

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.

Signature of Registered Agent

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