NR.410 002

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01-25-2005 08:58 FROM-INTERVEST PROPERTIES TULSA +918 583 0331 T-806 P.003/003 F-523

FILED
Feb 01, 2006 08:00 AM
Secretary of State

JAN 24

DUE BY MAY 1, 2006

DOCUMENT # A04000001480

1. Entity Name
FLORIDA 910 LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
15 EAST 5TH STREET STE. 2700 TULSA OK 74103	15 EAST 5TH STREET STE. 2700 TULSA OK 74103

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 20-1525361 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURDOCH, ROBERT E ESQ 2455 EAST SUNRISE BOULEVARD STE. 1000 FT. LAUDERDALE FL 33304	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State**

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F04000005270	STREET ADDRESS	
NAME	FIRST INTER HOLDING CORP.		
STREET ADDRESS	15 EAST 5TH STREET STE. 2700	CITY-ST-ZIP	
CITY-ST-ZIP	TULSA OK 74103		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	000004414815 02/11/06--80051--020 500.00
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGN HERE

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #