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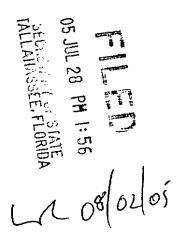
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Henderson & Maxwell, P.A.

July 25, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed for filing with your office are change of address of registered agent forms and checks for filing fees relative to the entities listed below:

Montecito New River Limited Partnership	\$35.00
Montecito Jensen, LLC	\$25.00
Montecito Y L Ventures, LLC	\$25.00
Montecito F H Venture, LLC	\$25.00
Montecito Del Ray, LLC	\$25.00
Montecito New River Management, LLC	\$25.00
Montecito New River I, LLC	\$25.00
Montecito New River, LLC	\$25.00

Should you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

Douglas R. Maxwell

DRM/dw Enclosures

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.

	w River Limited Partnership Name of the limi	to discontinuo di la	
	Name of the limi	ted partnership	
2, 06/16/05	3 A0	5000001195	
Date of filin	registration in Florida	Document number assigned	
4. The name of the Department of	Douglas R. Maxwell Nan		f the Flori
	4309 Pablo Oaks Court,		
	Addres	s	
	Jacksonville, FL 32224	- -	
	City, State	and Zip	
5. The name and a	Idress of the new registered agent ar	nd/or office:	
	Douglas R. Maxwell		y G
	Nan 10739 Deerwood Park Boul		JE N
	Florida street address (P.O.	Box not acceptable)	<u> </u>
	Jacksonville _F	L 32256	7
6. Such change(s)	City, State was/were authorized by the general p		FOR T
- Onefres &	Management, LLC		PE O
Signature of General P	rtner Vice President and	Assistant Secretary	
with the provision:	of all statutes relative to the prope cept the obligations of my position a change in the registered office addr	agree to act in this capacity. I further ag or and complete performance of my duti is registered agent. Or, if this document ess, I hereby confirm that the limited par	es, and I
Drefas ?	. Mayarel		
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