

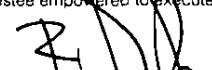


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 19 AM 9:39

<b>DOCUMENT # A05000001295</b>				<b>SECRETARY OF STATE DIVISION OF CORPORATIONS</b>	
1. Entity Name <b>ROCKAWAY BEACH PEBBLES FAMILY LTD.</b>		<b>06 MAY 19 AM 9:39</b>			
Principal Place of Business <b>550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134</b>		Mailing Address <b>550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>05042006 Chg-LP CR2E003 (11/05)</b>	
City & State		City & State		4. FEI Number <input type="checkbox"/> <b>Applied For</b> <b>Not Applicable</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HOFFMAN, STUART K ESQ. % HUNTON &amp; WILLIAMS, LLP 1111 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006</b>				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>PEEBLES, R. DONAHUE 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134</b>		STREET ADDRESS	<b>500075556475</b> <b>05/31/06 01030 004 **1000.00</b>	
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STREET ADDRESS					
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					
SIGNATURE:  <b>5/2/06</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					