A12875

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 20 AH 8:

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: Ocean Equities, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership) **DOCUMENT NUMBER: A12875** The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Sharon L. Borner (Contact Person) SLB Management Group, LLC (Firm/Company) 12041 NW 2nd Drive (Address) Coral Springs, FL 33071-8012 (City, State and Zip Code) For further information concerning this matter, please call: _at (954) 931-9375 (Area Code and Daytime Telephone Number) Sharon L. Borner (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT; OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registered office or regis	tered agent, or both, in the state of Florida.	
L Ocean Equities, Ltd.		
Name of Limited Pa	artnership or Limited Liability Limited Partnership	
_{2.} 7/21/1982	3. A12875 Florida Florida document number	
Date of filing/registration in F	lorida Florida document number	
4. The name of the registered agent an Department of State:	d the registered office address as shown on the records of the Florida	
CT Corpo	oration System	
	Name	
1200 Sou	th Pine Island Road	
Address		
Plantation	n, FL 33324	
	City, State and Zip	
5. The name and Florida street address	s of the new registered agent and/or office:	
Sharon L.	. Borner	
Name		
12041 NW 2nd Drive		
Florida street address (P.O. Box not acceptable)		
Coral Spr	ings _{FL} 33071-8012	
	City, State and Zip	
6. Such change(s) is/are effective whe	en filed by the Florida Department of State.	
Sigunture of General Partner		
I hereby accept the appointment as reg	gistered agent and agree to act in this capacity. I further agree to	
	tes relative to the proper and complete performance of my duties, bligations of my position as registered agent.	
\mathcal{L} \mathcal{L} \mathcal{L}		
Signature of Registered Agent		

Filing Fee: \$35.00 Certified Copy (optional): \$52.50

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A. Section 3