DOCUMENT # 1. Entity Name GREEN DOLPHIN, LTD. 00 APR 26 AM 3: 05 Principal Place of Business Mailing Address 13690 WATERFRONT STREET P.O. BOX 506 PINELAND FL 33945-0506 PINELAND FL 33945 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State APPLIED FOR Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name TIDWELL, ANN P Street Address (P.O. Box Number is Not Acceptable) 13690 WATERFRONT DR PINELAND FL 33945 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$250,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P97000034541 DOCUMENT# STREET ADDRESS ECOLOGICAL MARKETING, INC. NAME 13690 WATERFRONT STREET STREET ADDRESS CITY-ST-ZIP PINELAND FL 33945 CITY-ST-ZIP 900003245339---2 DOCUMENT # STREET ADDRESS -05/03/00--01111--023 NAME ****526.25 ****526.25 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-1ST-ZIP DOCUMENT # STREET ADDRESS NWA \ STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Charlter 620, Florida Statutes

SIGNATURE:

CITY - ST - ZIP

STUNDING OR PRINTED/MANG OF SIGNING OF NEGAT. PARTHER

01/04/00 941-283-1222 Pate Daytime Phone # CR: :E003 (9/99)