OSPREY FUND II LIMITED PARTINERSHIP Principal Place of Business 800 FFTH AVENUE SOUTH SUITE 210 MARSS R. MICE 2. Principal Place of Business Suits, Apri W, etc. City & State Cit	DOCU	JMENT #	A99000	000330		<u> </u>		FILED	
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See Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 9. Crity FL Zip Code 10. 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. 8. Grant Line Systems, feed a uniter rane 8 implement agent and the 1 registaches 9. Capital Contributions 9. Capital Contributions 9. Capital Contributions 10. A General Partner MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 15. SIREET ADDRESS 1000-51-29 1000-1007-51-29 1000-100	City & State City & State						4. FEI Number 50-2565105 Applied For		
A.G.C. C.D. A.G.C. C.D. City FL Zip Code FL City FL	Zip			,	Country		5. Certificate of		\$8.75 Additional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Horida. SignATURE Symbol typed or invited rame of registered sports and this if applicable. 9. Capital Contributions St.5,000,000.00 10. Amount of Capital Contributions St. FR. CHECK PAYBLE TO DEPL OF STATE See Review Payment Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MOST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-2P COLUMBRY / WARE STREET ADDRESS CITY-ST-2P		6. Name and Add	ress of Current Reg	stered Agent		NI	7. Name and	Address of New Registere	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions as Shown or record. 9. Capital Contributions in FLORIDA to date. NA GENERAL PARTNER THAT IS A BUSINESS ENTITY MIST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DIOUWENT I SUPPLY I LLC GENERAL PARTNER INFORMATION 14. ADDRESS CHANGES ONLY STREET ADDRESS CITY ST. 2P DIOUWENT I NAME STREET ADDRESS CITY ST. 2P DIOUWENT	200 SOUTH ORANGE AVENUE, SUITE 2300								
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12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME	9. Capital Contributions as Shown on record. \$15,000,000.00 10. Amount of Capital in FLORIDA to display the contributions as Shown on record.					353,000	0.00	11. MAKE CHECK PAYAB	LE TO DEPT. OF STATE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET AD			THE REST OF THE	or be changed on th	ne form; a	I BE REGIST In amendmeni	ERED AND AC must be filed	TIVE WITH THIS OFFIC to change a general p	CE. artner.
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4. I hereby certify that the information supplied with this filling 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 o	ITY-ST-ZIP					1		7.	,

SIGNATURE: AMDERIATION SIGNING GENERAL PROPERTY DELLE MEMORY DELLE DELLE