

BI1000000 192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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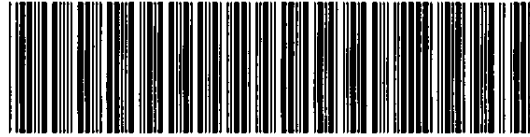
(Business Entity Name)

(Document Number)

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DIVISION OF TAX SERVICES

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2011 Falls Creek Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B11000000192

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:

Duff Domoney
Contact Person
GBR Properties, Inc. G/P of 2011 Falls Creek
Firm/Company
3114 East 81st Street
Address
Tulsa, OK 74137
City, State and Zip Code
duffd@gbproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duff Domoney at (918) 493-2525
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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.

1. 2011 Falls Creek Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/14/11 3. B11000000192
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Watson, James N Jr.
Name
3474 Paces Ferry Road
Address
Tallahassee, FL 32309
City, State and Zip

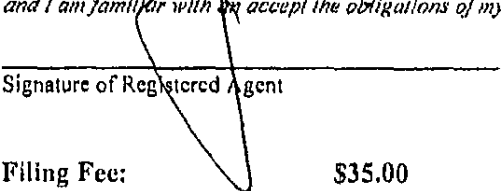
5. The name and Florida street address of the new registered agent and/or office:

Juan C. Villaveces, Esq.
Name
240 S. Pineapple Avenue, 10th Floor
Florida street address (P.O. Box not acceptable)
Sarasota FL 34236
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

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

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DIVISION OF CORPORATIONS