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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Addresa: |  |  |  |
|-------|----------|--|--|--|

## REGISTERED AGENT CHANGE **GULFCOAST MARINA LIMITED PARTNERSHIP**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | Û       |
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## COVER LETTER

| TO:         | Registration Section Division of Corporations                     |       |                 |        |                      |              |     |    |
|-------------|---|-------|-----------------|--------|----------------------|--------------|-----|----|
|             | Division of Corporations  |       |                 |        |                      |              |     |    |
| SUB         | ECT: GULFCOAST M  |       |                 |        |                      | <del>-</del> |     |    |
|             | Name of Limited Partnership                                       | or i  | Limited Liabili | ty Lim | ited Partnership     |              |     |    |
| DOC         | UMENT NUMBER:   |       | B930000         | 00558  |                      |              |     |    |
|             | nclosed Statement of Change of Regis<br>are submitted for filing. | tere  | ed Office and   | i/or R | egistered Agent and  |              |     |    |
| Please      | return all correspondence concerning                              | ; thi | s matter to:    |        | •                    |              |     |    |
|             | Michael Sweet   |       |                 |        |                      |              |     |    |
|             | Contact Person  |       |                 | 4      |                      |              |     |    |
|             | Decade Group  |       |                 |        |                      |              |     |    |
| <del></del> | Firm/Company  |       |                 | •      |                      |              |     |    |
| •           | 13555 BISHOPS COURT SUITE 3                                       | 45    |                 |        |                      |              |     |    |
|             | Address   |       |                 | •      |                      |              |     |    |
|             | BROOKFIELD WI 53005   |       |                 |        |                      |              |     |    |
|             | City, State and Zip Code  |       |                 | •      |                      |              |     |    |
|             | msweet@decudegroup.com  |       |                 |        |                      | وسم          |     |    |
| E           | mail address: (to be used for future annual re                    | port  | notification)   |        | <del>_</del>         |              | A   |    |
| For fu      | rther information concerning this mat                             | Er,   | please call:    |        |                      |              | OEC |    |
|             | Michael Sweet   | at (  | ( 262           | ١      | 797-9215             | ASS.         | 29  |    |
|             | Name of Contact Person  |       | Area Code as    | d Dayt | ime Telephone Number |              |     | in |
| Enclo       | sed is a \$35.00 check made payable to                            | the   | Florida Dej     | ertme  | ent of State.        | <u></u>      | A A | Ö  |
| STRE        | ET ADDRESS:   |       | MAIL            | NG A   | ADDRESS:             | LONNOT STATE | 2   |    |
|             | Registration Section Registration Section                         |       |                 |        |                      |              | 4.  |    |
| Divisi      | on of Corporations  |       | Divisio         | n of C | Corporations         |              |     |    |
| Clifton     | n Building  |       | P. O. B         |        | <del>_</del> -       |              |     |    |
|             | Executive Center Circle assee, FL 32301                           |       | Tallaha         | ssee,  | FL 32314             |              |     |    |

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.

| 1,                             | GULFCO  | AST MARINA I                              | IMITED PARTN                       | ership          |                                      |  |
|--------------------------------|---|---|------------------------------------|-----------------|--------------------------------------|--|
| _                              | Name of Limited P   | artnership or Lim                         | ited Liability Lim                 | ited Partnershi | P                                    |  |
| 2.                             | 12/16/1993  |   | 3                                  | B930000         | 00558                                |  |
|                                | Date of filing/registration in I  | <sup>7</sup> lorida                       | F                                  | lorida docume   | ument number                         |  |
|                                | he name of the registered agent are<br>artment of State;  | ad the registered o                       | office address as s                | hown on the re  | cards of the Florid                  |  |
|                                |   | NAPLES-LAW                                | DOCK, INC.                         | _               |                                      |  |
|                                |   | Nam                                       | ne .                               |                 |                                      |  |
|                                | 13  | 95 PANTHER L                              | ANE SUITE 300                      |                 |                                      |  |
|                                |   | Addre                                     | 48                                 |                 |                                      |  |
|                                | <u> </u>  | NAPLES FL                                 | 3410 <u>9</u> US                   |                 | _                                    |  |
|                                | <del></del>   | City, State                               | and Zip                            |                 | !                                    |  |
| 5. T                           | he name and Florida street addres   | s of the new regis                        | stered agent and/or                | r office:       |                                      |  |
|                                |   | C T Corporati                             | on System                          |                 |                                      |  |
|                                |   | Nem                                       | 15                                 |                 |                                      |  |
|                                |   | 1200 South Pine                           | Irland Road                        |                 |                                      |  |
|                                | Florida (   | itreet address (P.C                       | ). Box not accepts                 | ıble)           |                                      |  |
|                                |   | Plantation,                               |                                    | 33324           |                                      |  |
|                                | <u> </u>  | City, State                               | and Zip                            |                 |                                      |  |
| 6. Şı                          | uch change(s) is/are effective who  | n filed by the Flo                        | rida Department d                  | of State.       |                                      |  |
|                                |   |   |                                    |                 |                                      |  |
| Mich<br>I hen<br>comp<br>and i | sture of General Partner sol Sweet, Secretary of Decade Pa<br>eby accept the appointment at reg<br>oly with the provisions of all statud<br>am familiar with an accept the o<br>ature of Registered Agent | zistered agent and<br>tes relative to the | proper and composition as register | lete performan  | further agree to<br>co of my duties, |  |
| Fili                           | ng Péc: \$3   | <b>35.00</b>                              |                                    |                 |                                      |  |

Certified Copy (optional): \$52.50