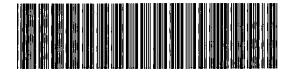
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: (Requestor's Name)				
(/	Address)			
	Address)			
V				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
([Pocument Number)			
Certified Copies	Certificates of Status			
Special Instructions t	o Filing Officer:			

Office Use Only



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THE PROPERTY OF STATE

K. SALY EXAMINER SEP 2 7 2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2011

UNITED CORPORATE SERVICES, INC. DOLORES BURTON
11 NORTH PEARL ST., STE. 1601
ALBANY, NY 12207

SUBJECT: M/V SANTA FE SPV LTD.

Ref. Number: B94000000483

We have received your document for M/V SANTA FE SPV LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 111A00021294

Karen A Saly Regulatory Specialist II

www.sunbiz.org



Toll Free (800)899-8648 Voice (518)694-4414 Fax (518)432-0408

September 6, 2011

RE: M/V SANTA FE SPV L.P.

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To whom it may concern:

Enclosed please find the Change of Agent documents for the above together with our check to the Florida Department of State for 35.00

Please file on a routine basis, forwarding a stamped copy as appropriate evidence to the attention of the undersigned, via regular mail.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-877-894-9049 for specific instructions.

Thank you.

Sincerely,

Dolores Burton

db Enclosure

Our ID # STERL39807&

oresbutt

COVER LETTER

Division of Corporations	
	ANTA FE SPV LTD.
Name of Limited Partnershi	ip or Limited Liability Limited Partnership
DOCUMENT NUMBER:	B94000000483
The enclosed Statement of Change of Regifee(s) are submitted for filing.	istered Office and/or Registered Agent and
Please return all correspondence concernin	ng this matter to:
Dolores Burton	
Contact Person	
United Corporate Services,	, inc.
Firm/Company	
11 North Pearl Street	
Address	
Albany, New York 1220)7
City, State and Zip Code	
doloresburton@unitedcorp	
E-mail address: (to be used for future annual t	report notification)
For further information concerning this ma	atter, please call:
Dolores Burton	at (877) 894-9049
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable t	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 32301	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		NTA FE SPV L		
N	lame of Limited Partnership	or Limited Liability L	Limited Partnership	
2	12/2/1994	3	B94000000483	
Date of fili	ng/registration in Florida		Florida document number	
4. The name of the Department of State		istered office address a	as shown on the records of the Florida	
	The Prentice-Ha	ll Corporation Sys	stem, Inc.	^ 양
		Name		- j
	1201 Hay	s_Street, Suite 10	105 753	3
		Address	G. C.	-0
		ssee, FL 32301		F.
	Cit	y, State and Zip	9.7	, ,
5. The name and Flo	orida street address of the n	ew registered agent and	nd/or office:	<u>,\</u> C
	United Corp	porate Services, I	Inc.	
		Name		
	9200 South Dade Florida street add	eland Boulevard, Stress (P.O. Box not acce	······	
	Miam Cit	FL y, State and Zip	L 33156	
6. Such change(s) is Signature of General		the Florida Departme, GENERAL, PARTNER B	ent of Statc. BY: PETER METZ, SECRETARY	
comply with the prov	risions of all statutes relative than accept the obligations of the Agent	e to the proper and co	in this capacity. I further agree to omplete performance of my duties, sistered agent.	
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50