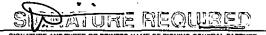
DOCUMENT # B9600000234  1. Entity Name							· · ·				
INTERVEST-ONE OCEAN PLAZA LIMITED PARTNERSHIP							FILED				
Principal Place of Business Mailing Address						01 JAN 29 AN 9: 36					
15 EAST 5TH STREET. SUITE 2700 TULSA OK 74103			15 EAST 5TH STREET. SUITE 2700 TULSA OK 74103  SI			SE	ECRETARY OF STATE				
2. Principal Place of Business			3. Mailing Address				T I KORINEN ININ TOLIN OLIN ORNIK ODIKI ODIKI ODIKI OBIKI OBIKI OLIN ININ DIKIN ININ BINA INIK BINA INIK				
Suite, Apt. #, etc. Suite, Apt. #,							DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number 7	3-1496531		Applied For Not Applicable	
Zip Country			Zip Country				5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6Name and Add	ess of Current F	legistered Agent				7. Name and Add	ress of New Registe	red Age	nt	
MUDDOCU DORENT					Name						
MURDOCH, ROBERT 790 EAST BROWARD BLVD., SUITE 400					Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33301-2607											
					City		FL Zip Code				
8. The above	named entity submits	this statement for	the purpose of changing its	register	ed office or regis	isterec	d agent, or both, in	the State of Florida.			
SIGNATURE .	Signature, typed or printed name	ne of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signature requ	quired wh	hen reinstating)		ATE		
9. Capital Contributions as Shown on record.  \$990.00  10. Amount of Capital Contributions in FLORIDA to date.							1	1. MAKE CHECK PAYA SEE REVERSE SID			
			HAT IS A BUSINESS EN NOT be changed on t							r.	
12.		IERAL PARTNER	INFORMATION	13.	·			ADDRESS CHANGES	ONLY		
	F9600003200  LP., LTD.				EET ADDRESS						
STREET ADDRESS	15 EAST 5TH STRE TULSA OK 74103	et, suite 2700		CITY	-ST-ZIP						
DOCUMENT # NAME				STRI	EET ADDRESS		20	ററ്റാള്ളാ	::O7	'823	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP			-02/02/01 ****141.	010 25 *	#***141.25	
DOCUMENT # NAME STREET ADDRESS	-Philadelphiade -passager -			STRE	EET ADDRESS			**			
CITY-ST-ZIP		. <del></del> .		CITY	-ST-ZIP						
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CITY-ST-ZIP				CITY	-ST-ZIP						
DOCUMENT # NAME				STRE	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP						
DOCUMENT# NAME		· ··· ——		STRE	ET ADDRESS			774			
STREET ADDRESS City-St-Zip					-ST-ZIP .	•					
<ol> <li>I hereby of indicated the receiver</li> </ol>	certify that the information on this report is true ar ver or trustee empowers	on supplied with t nd accurate and the ed to execute this	his filing does not qualify for hat my signature shall have report as required by Chap	r the exe the same ter 620, f	mption stated in e legal effect as Florida Statutes	n Sect s if mad	ion 119.07(3)(i), Flo de under oath; that Í	orida Statutes. I furthe I am a General Parth	r certify t er of the	that the information limited partnership or	

SIGNATURE:



918-583-0938

Date

Daytime Phone #