


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90019 021 \*\*\*150.00

<b>DOCUMENT # F99000001144</b> 1. Entity Name <b>INTERVEST PROPERTY MANAGEMENT, LTD., INCORPORATED</b>			
Principal Place of Business <b>15 EAST 5TH STREET, SUITE 2700                  TULSA, OK 74103</b>		Mailing Address <b>15 EAST 5TH STREET, SUITE 2700                  TULSA, OK 74103</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 4779</b> Suite, Apt. #, etc.	
City & State _____		City & State <b>Tulsa OK</b>	
Zip _____		Zip <b>74159</b>	
Country _____		Country <b>USA</b>	
4. FEI Number <b>73-1212602</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURDOCH, ROBERT E                  790 EAST BROWARD BOULEVARD, SUITE 400                  FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCS                  WILLIAMS, DALE                  15 EAST 5TH STREET, SUITE 2700                  TULSA, OK 74103</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>President</b>		Date: <b>3/11/08</b> <small>Daytime Phone # _____</small>	