FILED May 27, 2002 8:00 am Secretary of State

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DOCUMENT # L0000009440 5959 OCP, LLC \

TITLE MARE STEIN, CLIFF STREET ADDRESS CITY-ST-ZIP MARTLAND FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP MARTLAND FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE	0000 00	1										
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Suite, Apt. #, etc. City & State Signature For Engineer Agent File NowIII FEE IS State City FL 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 Fonda. Signature Signature State File NowIII FEE IS S5.00 Make Check Physible to Department of State Due By May 1, 2002 B. MANAGING MEMBERS/MANAGERS CITY-ST-ZP MATILAND FL 32751 THE MAGEN M	2. Principal Pi	ace of Business	1			T LORDING AN AREA SOM SOME SOME SOME SOME SOME SOME STAND BEREE STAND FOR CORRECT SOME SOME SOME SOME SOME SOME SOME SOME						
City & State Zip Country Zip Country S, Certificate of Status Destret S, 500 Additional Fee Registered Agent 8. Name and Address of Current Registered Agent Name STEIN, CLIFF 2803 B MATLAND CENTER PARKWAY MATLAND FL 32751 City FL 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. SigNATURE FILE NOWINI FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MARIA STEIN, CLIFF 2803 B MATLAND CENTER PARKWAY MATLAND FL 32751 THE NAME STEER ADDRESS CITY-ST-2P THE NAME	Suite, Apt. :	#, etc.										ר
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E. 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. SIGNATURE Septembre S	2603 B MAITLAND CENTER PARKWAY		Street Address (P.O. Box Number is Not Acceptable)							-		
SIGNATURE Signalura typed or printed name of registeries registeries in the registeries r	MAII	ILAND FL 32/31			City				FL	Zip Code	9]
Signature typed or printed name of registered agent and label applicable. FILE NOWIII FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002	8. The above	named entity submits this statemen	for the purpose of changing	ng its registere	ed office or regist	ered agent,	or both, in the S	tate of Florida.	,		-	
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11. I hereby certify that the information sampled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and acturate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE