

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

LIMITED LIABILITY AMENDMENT

SLAB MEMBERS CLUB, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 30, 2004

SLAB MEMBERS CLUB, L.L.C.
1223 N. ROCK RD., BLDG. A, STE. 200
WICHITA, KS 67206

SUBJECT: SLAB MEMBERS CLUB, L.L.C.
REF: M03000003472

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Certificate must indicate that an amendment has been filed. It should say that it is changing form one name to another.

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Diane Cushing
Documents Specialist

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2004 DEC 30 A 10:59

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Fax Audit #H040002548063

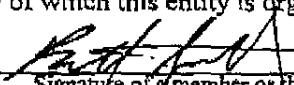
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: SLAB MEMBERS CLUB, L.L.C.
2. Jurisdiction of its organization: OKlahoma
3. Date authorized to do business in Florida: 10/16/2003

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? August 24, 2004
5. New name of the limited liability company: SLAB LP LEASE, L.L.C.
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

ROBERT S. STROUD, ESQ.
Typed or printed name of signer

Filing Fee: \$25.00

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OFFICE OF THE SECRETARY OF STATE

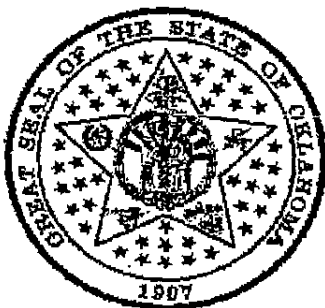


CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on August 24, 2004, by SLAB MEMBERS CLUB, L.L.C. which amended the corporate name to:

SLAB LP LEASE, L.L.C.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 17th day of December, 2004.

M. Susan Savage

Secretary Of State

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