
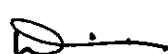


FILED
Apr 02, 2008 8:00 am
Secretary of State

60018920

DOCUMENT # M99000001703				04-02-2008 90150 041 ***138.75	
1. Entity Name PLANTATION HOLDING, L.L.C.					
Principal Place of Business 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103		Mailing Address 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 4779			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tulsa, OK 74103			
Zip		Country		4. FEI Number 73-1574297	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MURDOCH, ROBERT E C/O JOHNSON, ANSELMO, MURDOCH, BURKE & GEO 790 EAST BROWARD BLVD., SUITE 400 FT. LAUDERDALE, FL 33301		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
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.		FL Zip Code			
SIGNATURE		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERVEST MANAGEMENT LTD. 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		3/1/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #			