

ACCOUNT NO. : 07210000032

REFERENCE :

954895

4321791

AUTHORIZATION

COST LIMIT :

ORDER DATE: January 5, 2001

ORDER TIME : 2:32 PM

ORDER NO. : _954895

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin

The Related Companies, Inc. 625 Madison Avenue, 9th Floor

New York, NY 10022

CHANGE OF AGENT

NAME:

WOODGATE MANOR ASSOCIATES,

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom -- EXT# 1104

EXAMINER:

800003568568---6

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WOODGATE MANO	R ASSOCIATES, LTD.			
		Name of the limited partner	rship	·
2.10/11/1976		3.A05258		
Date of filing	g/registration in Florida		Document number assigned	
4. The name of the Department of	State:		dress as shown on the re	ecords of the Florida
-	C T Corporatio			長割 皇 四
		Name		## 3 F
	1200 South Pin	ne Island Road		SSE W M
		Address		Fig a U
	Plantation, FL	L 33324		FIST
		City, State and Zip		ORIUS 52
5. The name and	address of the new regis	stered agent and/or off	ice:	7
	Corporation Serv	rice Company		
	<u></u>	Name		•
	1201 Hays Street			
	Florida stre	eet address (P.O. Box <u>no</u>	t acceptable)	
	Tallahassee	FL	32301	<u> </u>
6. Such change(s)) was/were authorized b	City, State and Zip by the general partners	-	
Meilant	Brema	<u> </u>		ie Related Componies, L.P.
Signature of General 1	Partner Michael Brei	nner, Executive V:	ice President - 74	L.P.
I hereby accept the with the provision familiar with and merely to reflect a	e appointment as registe us of all statutes relativ accept the obligations o	ered agent and agree to he to the proper and c of my position as regist	o act in this capacity. I fi complete performance of tered agent. Or, if this d ereby confirm that the li	irtner agree to comply f my duties, and I am locument is being filed
Corporation Ser	K Dole-			gere e

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00