

A 25583



ACCOUNT NO. : 072100000032
REFERENCE : 998629 4321791
AUTHORIZATION : *Patricia Figgins*
COST LIMIT : \$ 35.00

FILED
01 FEB 16 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 9, 2001
ORDER TIME : 3:13 PM
ORDER NO. : 998629-375
CUSTOMER NO: 4321791

100003708781--3

CUSTOMER: Ms. Lesley V. Benjamin
The Related Companies, Inc.
625 Madison Avenue, 9th Floor
New York, NY 10022

CHANGE OF AGENT

NAME: LIBERTY ASSOCIATES III L.P.
LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2001 FEB 16 PM 4:04
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SECRETARY OF FILING

MJC
2/16

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

01 FEB 1988 PM 4:29
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. LIBERTY ASSOCIATES III L.P. LTD.

Name of the limited partnership

2. 12/10/1987

Date of filing/registration in Florida

3. A25583

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL

32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Michael Brenner
Signature of General Partner) Michael Brenner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company

Carol K. Del
Signature of Registered Agent

**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**