A93000001054

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: (Sub Account) _____

DATE: 10-13-98

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____-____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: CAPREIT Northlake Limited Partnership

DOCUMENT NUMBER: (if applicable) _____

AUTHORIZATION: C Woodyard 900002662679--7

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 13 PM 1:43

___ CERTIFIED COPY (1-9)
___ CERTIFICATE OF STATUS (1-9)
X PLAIN STAMPED COPY File change of RA DK 10/13/98

(X) Call When Ready ( ) Call if Problem ( ) After 4:30
(X) Walk In ( ) Will Wait ( ) Pick Up
( ) Mail Out

RECEIVED
98 OCT 13 AM 11:56

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 organized under the laws of the state of ILLINOIS, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 13 PM 1:43

1. CAPREIT NORTHLAKE LIMITED PARTNERSHIP
Name of the limited partnership

2. 10-12-93
Date of filing/registration in Florida

3. A93000001051
Document number assigned

4. The name and address of the present registered agent and office:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

5. The name and street address of the successor registered agent and office: (P.O. Box **not** acceptable)

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE, FL 32311

Such change was authorized by the general partners.

Mariann J. Demkovich OCT. 1, 1998
Signature of General Partner Date
Secretary

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

Asst Sec. OCT. 1, 1998
Registered Agent signature Date

Filing Fee: $35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)