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Florida Department of State
Division of Corporations
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TO:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
RUBICON GSA II/BSM, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUBICON GSA II/BSM, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000001656

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GIL CLARK
Contact Person

KAUFMAN JACOBS
Firm/Company

39 S. LASALLE STREET, SUITE 1010
Address

CHICAGO, IL 60603
City, State and Zip Code

GIL@KAUFMANJACOBS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIL CLARK at (312) 237-3433
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RUBICON GSA II/BSM, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/11/1999
Date of filing/registration in Florida

3. A99000001656
Florida document number

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

CORPORATION SERVICE COMPANY
Name

1201 HAYS STREET
Address

TALLAHASSEE FL 32301-2525 US
City, State and Zip

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

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent — James M. Halpin, Assistant Secretary

Filing Fee: **$35.00**
Certified Copy (optional): **$52.50**