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ACCOUNT NO. : 072100000032

REFERENCE : 069544

7122203

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 8, 2004

ORDER TIME : 11:04 AM

ORDER NO. : 069544-310

CUSTOMER NO: 7122203

CUSTOMER: Ms. Bernie Wertheimer

Jones Lang Lasalle 200 East Randolph

Chicago, IL 60601

CHANGE OF AGENT

NAME: FBEC - BRICKELL KEY CENTRE,

L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

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. FBEC - BRICKELL KEY CENTRE, L.P.	
Na	me of the limited partnership
2. February 25, 1999	3.B99000000093 Document number assigned
Date of filing/registration in Florida	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	n System
	Name
1200 South Pine	Address 33324 City, State and Zip ared agent and/or office:
	Address
Dlambation EX	22274
Plantation, FL	City, State and Zip
	City, state and Esp
e en 1 11 Cd	The B
5. The name and address of the new registe	red agent and/or office:
Corporation Serv	ice Company
<u> </u>	Name
1001 77 (Y
1201 Hays Street	address (P.O. Box not acceptable)
riorida succi	address (1.0. Box ave accoptable)
Tallahassee	FL 32301
6 6 1 1 .1	City, State and Zip
6. Such change(s) was/were authorized by	the general partners.
	0//
Maurelle U	ill
Signature of/General Partner	
Maureen Cullen, Attorney in Fact	d 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 n	ny position as registered agent. Or, if this document is being filed
merely to reflect a change in the registerea	office address, I hereby confirm that the limited partnership has
been notified in writing of this change.	
Corporation Service Company	
Nones Via Melde	
Signature of Registered Agent Jennafer A. G	eldof. Asst. VP
The state of the s	outdown whose ve
∨	

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