

0000000229

ACCOUNT NO.

072100000032

REFERENCE

322772

COST LIMIT

ORDER DATE: February 4, 2002

ORDER TIME : 11:35 AM

ORDER_NO. : 322772-005

CUSTOMER NO:

131022B

CUSTOMER: Ms. Robyn Sarcomo

Ces Commercial Realty 2345 Crystal Drive

10th Floor

Arlington, VA 22202

CHANGE OF AGENT

M-2299

NAME:

SMITH PROPERTY HOLDINGS

HARBOUR HOUSE L.L.C.

000004883560--7

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 5, 2002

CSC ELLYN HERNDON

SUBJECT: SMITH PROPERTY HOLDINGS HARBOUR HOUSE L.L.C.

Ref. Number: M0000002299

We have received your document for SMITH PROPERTY HOLDINGS HARBOUR HOUSE L.L.C. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The new registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 402A00013162

02 FEB -6 PM 2: 34 SECRETARY OF STATE TALL AHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 6, 2002

CSC

ATTN: ELLYN HERNDON

SUBJECT: SMITH PROPERTY HOLDINGS HARBOUR HOUSE L.L.C.

Ref. Number: M00000002299

We have received your document for SMITH PROPERTY HOLDINGS HARBOUR HOUSE L.L.C. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a corporation, but your entity is a limited liability company. Attached is the correct form for your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 602A00007389

92 FEB -6 PH 2: 34 SECKETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is:	SMITH PRO	PERTY HOLDING	S HARBOUR HO	USE L.L.C.
2. The mailing address o	f the limited liability co	ompany is : _			
2345 CRYSTAL DRIV	E, 10TH FLOOR, ARL	INGTON, VA	22202 ⁻		
11/7/2000			M00000002299		
3. Date of filing/registrat	ion in Florida		4. Document nu	mber	
5. The name of the register Florida Department of		stered office	address as shown	on the records	of the
	C T COR	PORATION SY	STEM		
		Name		-	
	1200 SOUTH	PINE ISLA	ND ROAD		
		Address		<u>-</u>	7. 0
	PLANTAT	TION, FL 33	324		21
	City,	State and Zi	p	- ·	02 FEB SECRET
6. The name and address	of the new registered ag	gent and/or o	ffice:		TARY TARY
	Corporation	n Service (Company		변유 표
]	Name			FLEST
	1201 F	lays Street			REAL STATES
	Florida street address	(P.O. Box I	NOT acceptable)		Dm 3
	Tallahassee	FL	32301		
	City, S	tate and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the l	nange or changes are methe registered agent with the confirmed that the diability company or a fithe limited liability confirmed that the limited liability confirmed the liability confirmed	ade, the Flor II be identica change(s) was otherwise ompany.	ida street address l. Or, in the case as/were authorize	of the register of a Florida li d by an affirm	ed office mited ative vote of
Scott E. Sterling, (Printed or typed name of signce)		,	_	- •	
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	/)			pacity. I furth erformance of agent as provid e in the registed n writing of thi	er agree to my duties, ded for in red office is change.
(Signature of Registered Agent)		ah D. Skip			
		st. V. Pres.			
Division	n of Corporations, P.C	D. Box 6327,	Tallahassee, FL	. 32314	

FILING FEE: \$25.00

INHS18(10/99)