

M05000002503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

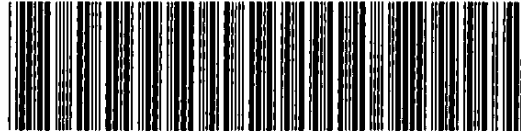
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/31/07--01050--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 31 PM 3: 02



NRAI SERVICES, LLC
 160 GREENTREE DRIVE, SUITE 101
 DOVER, DELAWARE 19904
 PH #800-490-6724
 FAX #800-901-6724

DOCUMENT FILING NOTIFICATION

To: FLORIDA DIVISION OF CORPORATIONS
 From: NRAI SERVICES LLC
 Date: December 14, 2007
 Ref. No.: 195198
 Name: ORLANDO OUTLET OWNER LLC

Please file the attached

	Articles of Incorporation		Merger Document(s)
	Application for Qualification	X	Change of Agent
	Good Standing Attached		Dissolution/Withdrawal
	Good Standing to Follow		UCC-1 Filing
	Amendment		UCC-3 Filing
X	Check Enclosed	Check Number	6239 Amount \$25.00
	Other:		

Type of Service:

	Rush	X	Routine	
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Return Original Evidence to:

Special Instructions:

	RETURN DATE STAMPED COPY TO PATTI GATTO NATIONAL REGISTERED AGENTS 160 GREENTREE DRIVE SUITE 101 DOVER DE 19904
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send Via:

	Fax: _____		FedEx No. _____	X	Regular Mail
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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 limited liability company is: ORLANDO OUTLET OWNER LLC

2. The mailing address of the limited liability company is : ATT: LYNETTE HAMDJ, 326 THIRD STREET, LAKEWOOD NJ 08701

3. Date of filing/registration in Florida 5/11/2005 4. Document number M0500002503

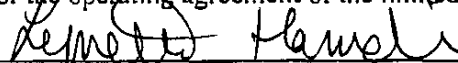
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

REGISTERED AGENTS LEGAL SERVICES, INC.
Name
155 OFFICE PLAZA DR., SUITE A
Address
TALLAHASSEE, FL 32301
City, State and Zip

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

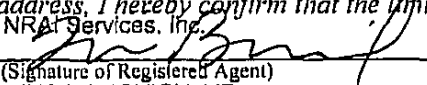
NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FL 33331
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

LYNETTE HAMDJ
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)
TINA BONOVICH, VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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