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## LLC REGISTERED AGENT CHANGE BRE/EX FL PROPERTIES L.L.C.

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APR 25 2011

**EXAMINER** 

## 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. Name of the limited liability company: BRE/EX FL PROP	ERTIES L.L.C.		
2. (a) Principal office address of limited liability company	C/O THE BLACKSTONE	GROUP	
(Note: MUST BE STREET ADDRESS)	345 PARK AVENUE NEW YORK NY 10154		_
(b) Mailing address of limited liability company:	C/O THE BLACKSTONE	GROUP	
(Note: MAY BE POST OFFICE BOX)	345 PARK AVENUE NEW YORK NY 10154		
11/16/2010	M10000005044		_
3. Date of filing/registration in Florida	4. Document number		~7000°
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept.	. of State:	
Registered Agent:	NRAI SERVICES, INC.		<u> </u>
Registered Office Address:	515 E. PARK AVENUE	PR 2	
	TALLAHAŠSEE FL 32301 US		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	AH O: OF ST	
	C T Corporation System		***************************************
NEW Registered Agent:  NEW Registered Office Address:	1200 South Pine Island Road	<u> </u>	_
(MUST BE FLORIDA STREET ADDRESS)	Plantation	FL 33324	<u> </u>
If the limited liability company is not organized under the le confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Carol Olbo  Signature of a member or authorized representative of a member	orida street address of the regi- cal. Or, in the case of a Florid was/were authorized by an aff	stered office la limited firmative vote	<b>;</b>
Carol Albor, Authorized Representative			
Printed or typed name of signee  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 508, F.S. Or, if this document is being filled to men address, I hereby complete that the limited liability company CT Conference System  Rounds System  Signum of Registered Reent  Assistant Socret	Wil.	orther agree of my duties ovided for in stered office this change.	to •
Division of Corporations, P.O. Box 632 FILING FEE: \$25	•		

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