



THE UNITED STATES
CORPORATION
COMPANY

A17694

ACCOUNT NO. : 072100000032

REFERENCE : 118812 4321791

AUTHORIZATION :

Patricia P. P.

COST LIMIT : \$ 35.00

FILED
01 APR 26 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 17, 2001

ORDER TIME : 12:55 PM

ORDER NO. : 118812

CUSTOMER NO: 4321791

500004081575--0

CUSTOMER: Ms. Kailah Spencer
The Related Companies, Inc.
625 Madison Avenue, 9th Floor

New York, NY 10022

CHANGE OF AGENT

NAME: RONEY PLAZA ASSOCIATES, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 26 PM 1:50
TO BE RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER: _____

2/2
4/26

**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. RONEY PLAZA ASSOCIATES, LTD.

Name of the limited partnership

2. 08/21/1984

Date of filing/registration in Florida

3. A17694

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 System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL

32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

ALAN P. HERMES, V.P.

RELATED RONEY PLAZA, INC.

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company



Signature of Registered Agent

**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**