

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000001052

**Entity Name:** SAWGRASS LIMITED PARTNERSHIP NO.2

**Current Principal Place of Business:**

4700 MILLENIA BOULEVARD  
SUITE 380  
ORLANDO, FL 32839

**Current Mailing Address:**

600 E. 96TH ST.  
SUITE 100 ATTN: LEGAL  
INDIANAPOLIS, IN 46240

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # B99000000219  
Name DUKE REALTY LIMITED  
PARTNERSHIP  
Address 600 E. 96TH STREET, SUITE 100  
City-State-Zip: INDIANAPOLIS IN 46240

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANN C. DEE

**EVP, GENERAL COUNSEL** 03/11/2016

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date