

A00000001759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

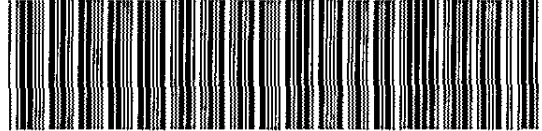
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400021264524

RECEIVED
03 JUL -3 PM 2:42
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 JUL -3 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A00-1759

OK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 060925 7375564
AUTHORIZATION : *Patricia Piment*
COST LIMIT : \$ 35.00

ORDER DATE : April 21, 2003
ORDER TIME : 12:08 PM
ORDER NO. : 060925-615
CUSTOMER NO: 7375564
CUSTOMER: Arthur L. Gallagher
Equity One, Inc
1696 N.e. Miami Gardens Drive
North Miami Bea, FL 33179

CHANGE OF AGENT

NAME: THE SHOPPES OF NORTH PORT,
LTD.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 JUL -3 AM 8:41

FILED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____

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. THE SHOPPES OF NORTH PORT, LTD.
Name of the limited partnership

2. November 14, 2000 Date of filing/registration in Florida
3. A00000001759 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:

Alan J. Marcus
Name

20803 Biscayne Blvd, Ste 301
Address

Aventura, FL 33180
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.

Laura R. Dunlap
Signature of General Partner

Laura R. Dunlap, Attorney in Fact

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 **Jeanine Reynolds**
as its agent

Jeanine Reynolds
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

03 JUL -3 AM 8:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA