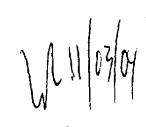
## A01000000790

(Re	equestor's Name)		
(Ác	(dress)		
(Ac	ldress)		
(Ĉi	ty/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



400041839074





## 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.

<ol> <li>Ludlum Retail Associates,</li> </ol>	Ltd.	
	Name of the limited partnership	
2. 6/7/2001  Date of filing/registration in Flo	3. A01000000790 Document number ass	igned
4. The name of the registered ages Department of State: Pam Pe	nt and the registered office address as shown on tearce	the records of the Florida
	Name rickell Avenue, Ste. 1500	
Miami, I	Address FL 33131	17.7.1 04 N
	City, State and Zip	
5. The name and address of the new registered agent and/or office:		
Pam Pear	ce	
801 Arthu	Name r Godfrey Road, Suite 600	PH 4: 02
Fl	orida street address (P.O. Box not acceptable)	<del></del>
Miami Bea	ch <sub>FL</sub> 33140	
6. Such change(s) was/were author	City, State and Zip prized by the general partners.	
Signature of General Definer Step	albert of tradicasts, Joshia . H con	uletal Inc. G.P
- Rimiliar wiin ana acconi ino ontica	registered agent and agree to act in this capacity. relative to the proper and complete performance utions of my position as registered agent. Or, if the registered office address, I hereby confirm that the nge.	[.' [
Distingue of Registered Agent	<del>-</del>	

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