

AD10000000870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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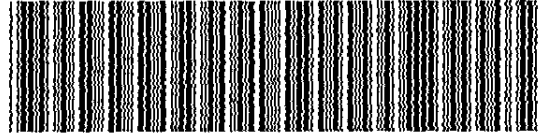
(Business Entity Name)

(Document Number)

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AD1-870  
AL



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 060925 7375564

AUTHORIZATION : *Patricia Pijnt*

COST LIMIT : \$35.00

ORDER DATE : April 21, 2003

ORDER TIME : 12:10 PM

ORDER NO. : 060925-640

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: UIRT, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT#1140

EXAMINER: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**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. UIRT, LTD.

Name of the limited partnership

2. June 29, 2001

Date of filing/registration in Florida

3. A01000000870

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., Suite #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)

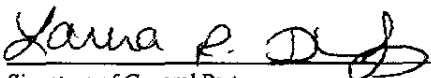
Tallahassee

FL

32301

City, State and Zip

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



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



Signature of Registered Agent

**Jeanine Reynolds**  
**as its 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

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