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Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: FLAMINGO PLAZA Name of Limited Partnership or	Limited Liabilit	ty Limited Partnership			
DOCUMENT NUMBER: Aゆるゆゆり	000P43)			
The enclosed Statement of Change of Register fee(s) are submitted for filing.	ed Office and	/or Registered Agent and			
Please return all correspondence concerning th	is matter to:				
George A. Morgan, Jr.					
Contact Person					
Morgan Property Group, LLC					
Firm/Company		•			
450 E. Las Olas Blvd., Suite 73	0				
Address		•			
Fort Lauderdale, FL 33301					
City, State and Zip Code	<u>. </u>	•			
cfrye@morganpg.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Catherine Fryeat	704	909-4507			
Name of Contact Person	Area Code an) 909-4507 d Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to th					
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P\O. Box 6327				
2661 Executive Center Circle	Tallaha	ssee, FL 32314			
Tallahassee, FL 32301					

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. FLAMIN	160 PLAZA, LTD.	_			
Na	me of Limited Partnership or Lim	ited Liability Lin	nited Partnersh	ip	
2. 01/08	/2003	3. A	Ø 3 <i>ppg</i>	\$ \$ \$ \$ \$ 43	
Date of filing	Date of filing/registration in Florida		Florida document number		
4. The name of the re Department of State:	gistered agent and the registered	office address as	shown on the r	ecords of the Florida	
	George A. N	lorgan, Jr.			
	George A. N	ne			
	300 S.E. Second Street, Suite 880				
	Addr			بين.	
	Fort Lauderdale, FL 33301			وَ ا	
	City, State and Zip			á	
5. The name and Flor	rida street address of the new regis	stered agent and/o	or office:	JAN CI	
	_	_			
	George A. M			•	
	450 E. Lee Oleo I	 No. al - Costa 71	20	Ş	
	450 E. Las Olas E				
	-	•			
	Fort Lauderdale City, State	FL_	33301_		
	Chy, State	and Zip			
6. Such change(s) is/	are effective when filed by the Flo	orida Department	of State.		
Tong to	2				
Signature of General	Partner				
comply with the provi	opointment as registered agent an sions of all statutes relative to the han accept the obligations of my	proper and comp	olete performa		
Signature of Register	ed Agent				
Filing Fee:	\$35.00				
Certified Copy (c	optional): \$52.50				