



A20139

ACCOUNT NO. : 072100000032

REFERENCE : 998629 4321791

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pujols

ORDER DATE : February 9, 2001

ORDER TIME : 1:22 PM

ORDER NO. : 998629-195

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin
The Related Companies, Inc.
625 Madison Avenue, 9th Floor

3000003708743-1

New York, NY 10022

CHANGE OF AGENT

NAME: TRIANGLE/OAKS LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: ~~Carol K. DeLoe~~

Jenna Lawton

*7/11
2/14*

RECEIVED
FEB 16 2001
1:04 PM
TALLAHASSEE, FLORIDA

FILED
01 FEB 16 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. TRIANGLE/OAKS LIMITED PARTNERSHIP
Name of the limited partnership

2. 06/12/1985
Date of filing/registration in Florida

3. A20139
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:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Stuart J. Doesky

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

Carol K. Pol

**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**