



A31159

ACCOUNT NO. : 072100000032

REFERENCE : 187511 4312752

AUTHORIZATION :

COST LIMIT : \$ 35.00

*Patricia Poynt*

FILED  
01 JUN 18 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 15, 2001

ORDER TIME : 9:50 AM

ORDER NO. : 187511

CUSTOMER NO: 4312752

Ms. Lisa M. Weeden  
Shipman & Goodwin Llp  
One American Row

Hartford, CT 06103-2819

800004424228--9

CHANGE OF AGENT

NAME: OCALA MANUFACTURER'S MALL  
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Deborah Schroder -- EXT# 1118

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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN 18 AM 10:39  
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BK

**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. OCALA MANUFACTURER'S MALL LIMITED PARTNERSHIP

Name of the limited partnership

2. February 5, 1991

Date of filing/registration in Florida

3. A31159

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/o Konover & Associates South, Inc.

Name

7000 W. Palmetto Park Road, Suite 408

Address

Boca Raton, FL 33433

City, State and Zip

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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.

Kristen M. Mirrione  
Signature of General Partner Manufacturer's Mall of Ocala, Inc., by: Kristen M. Mirrione, its Treasurer

*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

Dolores Butts  
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**