## A 96 000000 242 BR Brickell Associates, Ltd. 800 Brickell Avenue, Suite 201

Miami, Florida 33131

December 7, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: BR Brickell Associates, Ltd.

Document Number: A96000000242

Dear Sir or Madam:

This letter is to notify your office of a change of address for BR Brickell Associates, Ltd.:

Previous Address: One S.E. Third Avenue, Suite 1700

Miami, Florida 33131

New Address:

800 Brickell Avenue, Suite 201

Miami, Florida 33131

Phone Number: 305-374-3073 Fax Number: 305-577-3499

The above address is both the physical location and the mailing address of BR Brickell Associates, Ltd.. Please adjust your records accordingly. Thank you for your prompt attention to this matter.

Sincerely,

52

## 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. BR BRICKELL ASSOCIATES, LTD.  Name of the limited partnership	
2. FEBRUARY 1, 1996 3. A 96 00000242  Date of filing/registration in Florida Document number assigned	_T.
4. The name of the registered agent and the registered office address as shown on the records of the Florida  Department of State:  RICHARD T. RAZOOK  Name  1 S.E. 3RD AVENUE, SUITE 1700  Address  MIMMI, FURIDA 33131  City, State and Zip	.7
5. The name and address of the new registered agent and/or office:    CICHARD J. RAZOOK     Name     C/O FOLEY Y LARDNER, 800 BRICKELL AVE., SUITE     Florida street address (P.O. Box not acceptable)     MIMM! FL 33/3    City, State and Zip	á
6. Such change(s) was/were authorized by the general partners.  Cardenal Proporties Inc., Conneral Partner  Signature of General Partner	
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.	

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

INHS04(9/98)