Florida Department of State

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FED AMIL: 30 AMIL: 30 AMIL: 30	Fax Number	: (305)933-5535	- A	
PECE!	REGI: AVENTURA SI	REGISTERED AGENT CHANGE TURA SELF STORAGE LIMITED PARTNERSHIP		
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	Estimat	ed Charge	\$43.75	
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6/7/2001 10:16 AM

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. AVENIUKA SELF	STORAGE LIMIT	ED PARTNERSHIP	
	<u></u>	Jame of the limited partnership	
2. AUGUST 22, 199	7	3. A97000001819	-
Date of filing/regist	ration in Florida	Document numbe	r assigned
4. The name of the regis	stered agent and the		on the records of the Florida
	1050) Df	Name	٠ .
	19301 Biscay	ne Boulevard, Suite 400 Address	- ASS 31
	Aventura, FL		JUN-7
		City, State and Zip	
5. The name and addres	s of the new regist	ered agent and/or office:	
	Mario A. Rom	ine	FLORIDA
		Name	34 34
	19501 Biscay	ne Boulevard, Suite 400	D
		t address (P.O. Box not acceptable)	
	Aventura	33180°	
6. Such change(s) was/v	vere authorized by	City, State and Zip the general partners.	-
Signature of General Pariner			
familiar with and accept	it statutes relative the obligations of ge in the registered f this change.	ed agent and agree to act in this capac to the proper and complete perform my position as registered agent. Or, d office address, I hereby confirm tha	ance of my duties, and I am if this document is hairs flad

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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