

A98000001792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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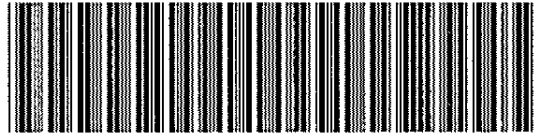
(Business Entity Name)

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**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. MIRAMAR FLEXSPACE, LTD.

Name of the limited partnership

2. July 28, 1998

Date of filing/registration in Florida

3. A98000001792

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:

Joel Levy

Name

1400 N.W. 107th Avenue

Address

Miami, FL 33172

City, State and Zip

5. The name and address of the new registered agent and/or office:

Steven A. Santolla

Name

2455 E. Sunrise Blvd, Suite AR-1

Florida street address (P.O. Box **not** acceptable)

Fort Lauderdale,

FL 33304

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

MIRAMAR I & P, INC

By: [Signature]

PRESIDENT

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.

[Signature]
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**

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