

A98000002466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

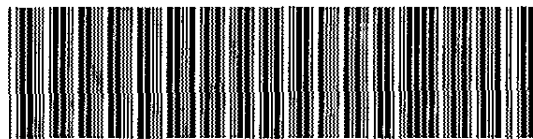
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700009181547

11/25/02--01003--011 **3500.00

FILED
2002 NOV 25 AM 10:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 9 2002

**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. LNR Harbor Fund Limited Partnership No. IX
Name of the limited partnership
2. 10/29/98 3. A98000002466
Date of filing/registration in Florida 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: LNR Harbor Fund GP IX, Inc.
Name
760 NW 107th Avenue, Suite 300
Address
Miami, Florida 33172
City, State and Zip

5. The name and address of the new registered agent and/or office: LNR Harbor Fund GP IX, Inc.
Name
1601 Washington Avenue, 8th Floor
Florida street address (P.O. Box ~~not~~ acceptable)
Miami Beach FL 33139
City, State and Zip

6. Such change(s) was/were authorized by the general partners.
LNR Harbor Fund GP IX, Inc., a Florida corporation, its general partner

By: Shelly L. Rubin
Signature of General Partner Shelly L. Rubin, Vice President

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.

Shelly L. Rubin
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

FILED
2002 NOV 25 AM 10:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA