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2002 DEC 10 PM 2: 00

CT CORPORATION

December 10, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

THE TO BY 2:00

Re:

Order #: 5730827 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bel-EQR I Limited Partnership (IL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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 organized under the laws of the state of Illinois , submits the
following statement in order to change its registered office or registered agent, or both, in the state of
Florida.
The second secon
Bel-EQR I Limited Partnership
Name of the limited partnership
1. Bel-EQR I Limited Partnership Name of the limited partnership 2. 6/22/2000 A B00000000193 Deta of filling/registration in Florida Document number assigned
Date of filing/registration in Florida Document number assigned
4. The name and address of the present registered agent and office:
Lexis Document Services
3953 W.W. Kelley Road
Tallahassee FL 32311
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Such change was authorized by the general partners.
20 Paul Foreman 12-3-02
BEL-EOR LIC Attorney-we-fler
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.
Registered Agent signature Date
Christine M. Eastwine

Filing Fee: \$35.00

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

INHSE004(3/95)

Assistant Secretary