B010000000351

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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		Juist)
	Office Use Only	(MMA)~



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RESEARCH,LTD.

Please return evidence of filing in the SASE enclosed. If you have any questions, please call. Thanks!

Albany, NY

Dover, DE

ூLoangeles, CA

SEARCH REQUEST FORM

Date:

7/16/2004

To:

FL Department of State -- Division of Corporations

Phone No.: 850-488-9000

From:

Amy Brown / abrown@nationalcorp.com

Please refer to the following reference number on your invoice: # M011214

Entity Name(s)

BVT CAPITAL PARTNERS III, LP BVT CAPITAL PARTNERS VIII, LP BVT CAPITAL PARTNERS XI, LP BVT CAPITAL PARTNERS XIV, LP BVT CAPITAL PARTNERS XIX, LP BVT CAPITAL PARTNERS XVI, LP BVT CAPITAL PARTNERS XVIII, LP BVT CHAPEL HILLS, LTD. BVT DEVELOMENT CORPORATION II BVT DEVELOPMENT CORPORATION IV BVT DEVELOPMENT PARTNERS II, L.L.P. BVT DEVELOPOMENT CORPORATION

BVT INSTITUTIONAL INVESTMENTS, INC. BVT REAL ESTATE DEVELOPMENT, INC. CLAY-FRY PROPERTIES, INC.

NATIONAL CAPITAL PARTNERS, INC.

NATIONAL PARTNERS, L.P.

U.S. RETAIL INCOME FUND IV, LP U.S. RETAIL INCOME FUND V, LP

U.S. RETAIL INCOME FUND VI, LP

U.S. RETAIL INCOME FUND VII, LP

U.S. RETAIL INCOME FUND VIII, LP

U.S. RETAIL INCOME FUND VIII-B, LP

U.S. RETAIL INCOME FUND VIII-C, LP

Change of Agent Filing Type of Service(s):

Jurisdiction: Secretary of State, FL

** ADDITIONAL COMMENTS **

Filing fees and Return Envelope (postage paid) attached.

PLEASE call or e-mail before rejecting documents (or with any other questions you may have)

If you have any questions concerning what to report to NCR, please contact us before sending results.

> 1107 9th Street, Suite 830 Sacramento, CA 95814 Phone: 916-326-5235 Fax: 916-326-5239

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.

l.BVT Capital Partners XVIII, Limited Partnership
Name of the limited partnership
2,10/9/2001 3,B01000000351 PC O
Date of filing/registration in Florida Document number assigned
H E
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CT Corporation System
Name
1200 South Pine Island Road Address
Address
1200 South Pine Island Road Address Plantation FL 33324
ridicación, ri 33324
City, State and Zip
5. The name and address of the new registered agent and/or office:
NATIONAL CORPORATE RESEARCH, LTD.
Name
103 N. Meridian Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip
6. Such change(s) was/were authorized by the general partners.
BVT Development Corporation II, General Partner
M) Scott Wearn
Signature of General Partner
By: M. Scott Wear
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.
National Corporate Research, Ltd.
Clony Brown
Signature of Registered Agent
By: Amy Brown, Asst. Secretary

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