B02000000019

(Requestor's Name)

(Address)

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REQUESTOR NAME: Lexis Document Services

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CONTACT NAME:

CORPORATION NAME:

DOCUMENT NUMBER: B02-19
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

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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. TC Cape WG LP
Name of the limited partnership

2. 1/23/2002
Date of filing/registration in Florida

3. B02000000019
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:

Corporation Service Company
Name

1201 Hays Street
Address

Tallahassee, FL 32301-2525
City, State and Zip

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

LexisNexis Document Solutions Inc. F01000003179
Name

3953 W. W. Kelley Road
Florida street address (P.O. Box **not** acceptable)

Tallahassee, FL 32311
City, State and Zip

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

on behalf of Rebecca Savino, Trammell Crow Company
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.

Assistant Secretary for LexisNexis Document Solutior
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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