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(Re	equestor's Name)
(Ac	(dress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
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ACCOUNT NO. : 072100000032

REFERENCE : 233719 4360443

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 2, 2005

ORDER TIME: 10:08 AM

ORDER NO. : 233719-215

CUSTOMER NO: 4360443

CUSTOMER: Marie Georges

New Plan Excel Realty Trust,

420 Lexington Ave.

7th Floor

New York, NY 10170

CHANGE OF AGENT

NAME:

CA NEW PLAN ASSET PARTNERSHIP

IV, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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.

I.CA NEW PLAN AS	SET PARTNERSHII	Name of the limited parts	nership		
2.03/06/2002		3.80200000	0072		
Date of filing/re	gistration in Florida		Document n	umber assigned	
4. The name of the re Department of Sta		the registered office a	ddress as sho	own on the records	of the Florida
	C T Corporat	ion System			
		Name	· - ·		
	1200 South P	ine Island Road			
		Address		TALL SE	95 -11
	Plantation, 1	FL 33324		P	
		City, State and Zip		HASS	
5. The name and add	ress of the new regi	stered agent and/or of	ffice:	£	
	Corporation Se	rvice Company		[
		Name			
	1201 Have Stro	o.t		`	5
	1201 Hays Stre	eet address (P.O. Box n	ot acceptable	:)	
Ţ	allahassee	,	32301		
-	1	City, State and Zip		`	
6. Such change(s) wa	s/yere authorized b	y the general partners	S.		
//	7/				
Signature of General Partner					
I hereby accept the app with the provisions of familiar with and acce merely to reflect a cha been notified in writing	fall statutes relative opt the obligations of ange in the register	e to the proper and a	complete peri	formance of my du	ities and I am
Corporation Serv					
bunder					
Signature of Registered Ag	ent Jennifer A.	Geldof, Asst. VI	Þ		
\bigcup V					
Ma	ake checks payable	e to Florida Departn	ent of State	and mail to:	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00