## Florida Department of State

**Division of Corporations** Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: 120020000094

Phone : (770)777-2091

Fax Number : (770)220-1943

## REGISTERED AGENT CHANGE

WESTBROOK REAL ESTATE PARTNERS, L.P.

Certificate of Status	0
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12/21/2006

DEC 27 2006

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT. OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

Westbrook Real Estate Partners, L.P
Name of Limited Partnership or Limited Liability Limited Partnership
12/1812003 3, B03000000437
Date of filingiregistration in Florida Florida Florida document number
. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
C T CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address PEC 6
PLANTATION FL 33324
Address  PLANTATION FL 33324  City, State and Zip  The same and Bloride street address of the new projectory described in SECRETARY
The same and Bloride street address of the new recistered event ending office:
NRAI Services Inc
Name OFA
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box not acceptable)
Weston FL 33331
City, State and Zip
Such change(s) is/are/sfieptive when filed by the Florida Department of State,
ATTORNEY-IN-PACT FOR WESTBROOK REALTY MANAGEMENT, L.L.
ignature of General Partner
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,
nd Comfamiliar with an accept the obligations of my position as registered agent.
w./ Maronto. / Jran
Enable of Registered Agent haron K. Gray, Assistant Secretary
iling Fee: \$35.00
ertified Copy (optional): \$52.50