

## B9300000067

ACCOUNT	NO.	•	072100000032
7 YOU OUT 1	T1 🗘 +		0 / 2 1 0 0 0 0 0 0 0 2 2

REFERENCE: 155057\_ 43458

AUTHORIZATION : aticia kui

COST LIMIT : \$ 35.00

ORDER DATE: May 17, 2001

ORDER TIME : 10:11 AM

ORDER NO. : 155057

CUSTOMER NO: 4345882

CUSTOMER: Ms. Meredith Grimes

Crow Family Holdings 2100 Mckinney Avenue

Suite 700

Dallas, TX 75201

## CHANGE OF AGENT

NAME: TRAMMELL CROW FOUNDATION,

LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

900004270569--4

CONTACT PERSON: Sara Lea -- EXT# 1914

EXAMINER:

In Sty

## 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. Trammell Crow Found	dation, Ltd.		•			
	Na	ame of the limited par	tnership			
2. 2/18/93	tion in Florida	3	B 930000	00067		
Date of Hillightegistia	uon in Fiorida		Document number	assigned		
	ered agent and the	registered office	address as shown o	on the records of the Florida		
Department of State:	CT Corporation	Svstem		•		
		Name				
1	TAI SE					
_						
ם	lantation FL 3		-			
Plantation, FL 33324  City, State and Zip						
		Ony, once and zi	.r			
5. The name and address	of the new registe	ered agent and/or	office:	AN 18 PN 3: 05 ANASSEE, FLORIDA ANASSEE, FLORIDA		
Cor	poration Servic	ce Company		⇒ ou		
		Name				
120	1 Hays Street					
		address (P.O. Box	not acceptable)	<del></del>		
m-13			•			
Tall	ahassee /	City, State and Zi	32301			
6. Such change(s) was/we	authorized by					
	eral Partner	- //				
By:	1/\					
Signature of General Partner	$\leftarrow$	<del>/-</del>	-			
Anthony W. Dona, Vi	ce President of	General Partner				
I hereby accept the appoin	tment as registered	d agent and agree	to act in this capac	ity. I further agree to comply ance of my duties, and I am		
familiar with and accept th	ne obligations of n	ny position as regi	istered agent. Or, i	f this document is being filed		
merely to reflect a change	in the registered	office address, I	hereby confirm tha	t the limited partnership has		
been notified in writing of	Λ <sup>~</sup>					
Corporation Service C	ompany	. 1				
1 Hunda_	5/1/1/1	KS, W				
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