

393000000311

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2013248-73
(Sub Account)

DATE: 11-13

REQUESTOR NAME: LEXIS

ADDRESS:

900002687049--4

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: Equity Residential Properties Mgmt. LP

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodyard

- ☐ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

☒ Call When Ready
☐ Walk In
☐ Mail Out

☐ Call if Problem
☐ Will Wait

☐ After 4:30
☐ Pick Up

RECEIVED
98 NOV 13 PM 1:35
DIVISION OF CORPORATIONS

BK
11/13/98

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 13 PM 1:35

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Illinois, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Equity Residential Properties Management Limited Partnership
Name of the limited partnership

2. 7-28-93 3. B93000000311
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

The Prentice-Hall Corporation System, Inc.

1201 Hays Street, Suite 105

Tallahassee, FL 32301

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

Lexis Document Services Inc.

3953 WW Kelley Road

Tallahassee, FL 32301

Such change was authorized by the general partners.

Lisa Curra Asst. Sec. of g.p.
Signature of General Partner

11-11-98
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

Anthony Shockey
Registered Agent signature

11-11-98
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314