

B94 000000105

Florida Department of State
Division of Corporations
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Division of Corporations
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REGISTERED AGENT CHANGE
CORAL ISLE FACTORY SHOPS LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	03
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T. CLINE

SEP - 1 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Isle Factory Shops Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B94000000105

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tracy L. Reinholt

Contact Person

Simon Property Group

Firm/Company

225 W. Washington St., P.O. Box 7033

Address

Indianapolis, IN 46207-7033

City, State and Zip Code

treinholt@simon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy L. Reinholt

Name of Contact Person

at (317)

263-7131

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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**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.

1. Coral Isle Factory Shops Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/18/1994 3. B84000000105
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Address
Weston, FL 33331
City, State and Zip

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

CT Corporation System
Name
1200 South Pine Island
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

GENERAL PARTNER:

PRIME OUTLETS MORTGAGE BORROWER GP, LLC, a Delaware limited liability company

By: James M. Barkley James M. Barkley, Secretary

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.

Signature of Registered Agent

Kimberly Breunling
Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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