



1395000000191

ACCOUNT NO. : 072100000032
REFERENCE : 085267 4321791
AUTHORIZATION : Patricia Pigato
COST LIMIT : \$ 35.000

FILED
01 APR 25 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 20, 2001

ORDER TIME : 11:07 AM

ORDER NO. : 085267-430

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin
The Related Companies, Inc.
625 Madison Avenue, 9th Floor

New York, NY 10022

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 25 PM 12:07
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CHANGE OF AGENT

NAME: RELATED INDEPENDENCE
ASSOCIATES, LIMITED
PARTNERSHIP

000004077640--3

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX. ____ PLAIN STAMPED COPY

CONTACT PERSON: Betty Young

372
4/25

**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. RELATED INDEPENDENCE ASSOCIATES, LIMITED PARTNERSHIP

Name of the limited partnership

2. 05/30/1995

Date of filing/registration in Florida

3. B95000000191

Document number assigned

**4. 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

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL

32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Alan Hermes, Sr. V.P.
Signature of General Partner

Related Independence Associates, Inc.

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company

Charles K. ...
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**