

B95000000290



ACCOUNT NO. : 072100000032

REFERENCE : 937636 4321791

AUTHORIZATION :

Patricia Pujot

COST LIMIT : \$ 35.00

ORDER DATE : December 19, 2000

ORDER TIME : 10:22 AM

ORDER NO. : 937636-470

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin
The Related Companies, Inc.
625 Madison Avenue, 9th Floor
New York, NY 10022

KA

Charge

200003515652--8

CHANGE OF AGENT

NAME: ATRIUM APARTMENTS, LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

FILED
00 DEC 28 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 DEC 28 AM 10: 44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ADR
12/28/00

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. ATRIUM APARTMENTS, LIMITED PARTNERSHIP
Name of the limited partnership

2. August 11, 1995 Date of filing/registration in Florida
3. B95000000290 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Michael Brenner
Signature of General Partner, **MICHAEL BRENNER**

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
Carol K. Dol
Signature of Registered Agent **ASST VP**

**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**