

B95000000445



ACCOUNT NO. : 072100000032

REFERENCE : 775791 4363758

AUTHORIZATION :

Patricia Kyzio

COST LIMIT : \$ 35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 28 PM 4:58

ORDER DATE : July 25, 2000

ORDER TIME : 2:15 PM

ORDER NO. : 775791-425

CUSTOMER NO: 4363758

500003339575--2

CUSTOMER: Ms. Linda Doyle
United Asset Management Corp.
1 International Place

Boston, MA 02110

CHANGE OF AGENT

NAME: HEITMAN/JMB INSTITUTIONAL
REALTY ADVISORS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-Tanisha Green

RECEIVED
00 JUL 28 PM 3:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

3/27/28

**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. HEITMAN/JMB INSTITUTIONAL REALTY ADVISORS, LP
Name of the limited partnership

2. DECEMBER 12, 1995
Date of filing/registration in Florida

3. B95000000445
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.

* X Roger E. Smith
Signature of General Partner Roger E. Smith

***By: Heitman/JMB Institutional Realty
Advisors LLC
a Delaware limited liability company
General Partner**

I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.

By: Lebronah Z. Skipper
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

00 JUL 28 PM 4: 58
CLERK OF STATE
DIVISION OF CORPORATIONS