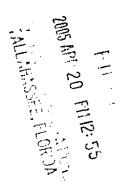
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(Re	equestor's Name)	
(Ac	ddress)	<u>,</u>
	··	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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ACCOUNT NO. : 072100000032

REFERENCE: 318435 7453315

AUTHORIZATION :

COST LIMIT :

ORDER DATE: April 15, 2005

ORDER TIME : 9:35 AM

ORDER NO. : 318435-110

CUSTOMER NO: 7453315

CUSTOMER: Ms. Tanya Marsh

Kite Realty Group Trust

Suite 1100

30 S Meridian St

Indianapolis, IN 46204

CHANGE OF AGENT

NAME: TITUSVILLE DEVELOPMENT, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

## 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.

I.TITUSVILLE DEVELOPMENT, L.P.	LTD.	
	Name of the limited partnership	ip
2.07/10/1996	3.B9600000026	0
Date of filing/registration in Florida	D.	ocument number assigned
A TOLL IN CALL IN A TOLL IN A	.1 . 1 .00	
	the registered office addre	ess as shown on the records of the Florida
Department of State: <u>C_T_Corporat</u>	ion System	
<u>0 1 00150140</u>	Name	
1200 South F	ine Island Road	
<u> </u>	Address	
		20
<u>Plantation,</u>		
	City, State and Zip	<b>一</b>
		ALLANASSEE, FLO
5. The name and address of the new reg	istered agent and/or office	
Company tien Co		R 2 2
Corporation Se	Name	三
		2005 RPP. 20 PM 12: 55
1201 Hays Stre		
Florida su	reet address (P.O. Box <u>not</u> a	cceptable)
<u>Tallahassee</u>	FL City, State and Zip	32301
6. Such change(s) was/were authorized		
MALLARA	1/1	
I Hawken (1	ill	
Signature of General Partner	<del></del>	
Maureen Cullen, Attorney in Fa	ct on behalf of Kit	e Properties, Inc GP
with the provisions of all statutes relative	erea agent and agree to ac ve to the proper and com	t in this capacity. I further agree to comply plete performance of my duties, and I am
familiar with and accept the obligations o	of my position as registered	d agent. Or, if this document is being filed
merely to reflect a change in the register been notified in writing of this change.	red office address, I hereb	by confirm that the limited partnership has
Corporation Service Company		
- the lugar	-	
Signature of Registered Agent Sylvia Quep	pet, 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