



# B98000000016

ACCOUNT NO. : 072100000032

REFERENCE : 502078 5160089

AUTHORIZATION :

COST LIMIT : \$ 35.00

FILED  
02 APR - 1 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 28, 2002

ORDER TIME : 10:17 AM

ORDER NO. : 502078-005

CUSTOMER NO: 5160089

9000005179139--1

CUSTOMER: Ms. Valerie C. Solar  
Amb Property Corp.  
Pier 1  
Bay1  
San Francisco, CA 94111

CHANGE OF AGENT

NAME: JACK STRAW LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

RECEIVED  
02 APR - 1 AM 11:27  
DIVISION OF CORPORATE & BUSINESS SERVICES  
TALLAHASSEE, FLORIDA

BK

**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. Jack Straw Limited Partnership

Name of the limited partnership

2. 1/9/98

Date of filing/registration in Florida

3. B98000000016

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:

David A. Friedman

Name

2601 South Bayshore Drive, Suite 300-A

Address

Miami, FL 33133-5413

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.

Alison M. Hill

Signature of General Partner

Alison M. Hill, VP & Secretary of AMB Capital Partners, LLC, the authorized agent for City & County of San Francisco Employees' Retirement System

*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

Maureen Cullen

Signature of Registered Agent Maureen Cullen, Asst. V.P.

**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**