

ACCOUNT NO.

072100000032

REFERENCE

516630

4713418

AUTHORIZATION

COST LIMIT

\$ 35.00

Patricia Parito

ORDER DATE : December 15, 1999

ORDER TIME :

9:54 AM

ORDER NO. :

516630-370

500003088785--

CUSTOMER NO:

4713418

CUSTOMER:

Ms. Andrea Donovan

Tishman Realty & Construction

666 Fifth Avenue

36th Floor

New York, NY 10103

CHANGE OF AGENT

NAME:

THR ASSET LP

5/W

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

OLIVISION OF CORPORALIO PROPERTY OF STATE OF STA

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections partnership submits the following state or both, in the state of Florida.	s 620.105 and 620.1051, Florida attement in order to change its reg	Statutes, the undersigned limitistered office or registered against each of the control of the c	ted ent,
of body, in the body		<b>^</b> **	
		6	
1. THR ASSET LP	Name of the limited partnership		970
	tame of the nimed partitional	ડે	r 6000
2 1/21/98	3 B9800000050		2
2. Date of filing/registration in Florida	Document r	number assigned	2
4. The name of the registered agent and	d the registered office address as sho	own on the records of the Florid	a 8 8
Department of State: CT_Corporati	on System	·	
	Name		
1200 South I	Pine Island Road		
	Address		F
Plantation,	FL 33324		
Piancacion,	City, State and Zip		
5. The name and address of the new re	gistered agent and/or office:	•	 
Corporation Se	ervice Company		•
<del></del> .	Name		
1201 Hays Str	eet		
Florida	street address (P.O. Box not acceptable)	)	•
Tallahassee, l	FL 32301		
6. Such change(s) was/were authorize	City. State and Zip		
Jany Kelwaywelds	in Togsaron		
Signature of General Partner Larry Schw The Asset I hereby accept the appointment as reg with the provisions of all statutes rela familiar with and accept the obligation merely to reflect a change in the regi- been notified in writing of this change.	anve to the proper and complete p ns of my position as registered agent stered office address, I hereby confi	of Or if this document is being	filed
Corporation Service Company		_	•
By: Qual Vool  Signature of Registered Agent  Carol K. Dolor, Asst. Vice	President		r e e e e e e e e e e e e e e e e e e e
Division of Corp	oorations, P.O. Box 6327, Tallahas	ssee, FL 32314	

**Filing Fee: \$35.00**