98000000102

ACCOUNT NO.

072100000032

REFERENCE :

993929

144972A

AUTHORIZATION

COST LIMIT

ORDER TIME : 9:14 AM

ORDER DATE: October 16, 2001

ORDER NO. : 993929-865

CUSTOMER NO:

144972A

CUSTOMER: Mr. Sean A. Mccarthy

First Industrial Realty

Suite 4000

311 S. Wacker Drive Chicago, IL 60606

CHANGE OF AGENT

NAME: FI DEVELOPMENT SERVICES, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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 FI DEVELOPMENT SE					
	Na	me of the limited partne	rship		, · ·
2. 02/13/98 Date of filing/reg	stration in Florida	3 <u>B</u> 9800000001	02 Document number ass	signed =	<u> </u>
4. The name of the reg Department of State		_	ldress as shown on t	the records at the	Florida
		Name			
1200 SOUTH PINE ISLAND ROAD				E Company	Lis.
Address					器 %
PLANTATION, FL 33324				•	77
City, State and Zip					
5. The name and addre	ess of the new registe Corporation Servic	Ū	fice:		
		Name		·-;	
;	1201 Hays Street				
_	Florida street	address (P.O. Box <u>no</u>	t acceptable)		•
Te	llahassee	FL	32301_		
6 Strok ohomoo(a) vyron	harana andhanimad har e	City, State and Zip			
6. Such change(s) was	anila	- Lo:	ri Castaneda, velopment Serv	Asst. Secret ices Corpora	cary for FI stion, general partner
I hereby accept the app	ointment as registered	d agent and agree to	act in this capacity.	I further agree	to comply
with the provisions of familiar with and accep merely to reflect a cha been notified in writing	all statutes relative t ot the obligations of m nge in the registered	o the proper and c w position as regist	omplete performand ered agent. Or. if th	ce of my duties, his document is b	and I am eing filed
Corporation Service	Company (:	
Signature of Registered Age	ent BY: KAREN HARRI	S, 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