

B98000000288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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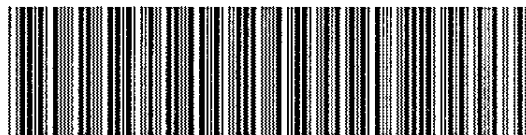
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 028384 7578386

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 26, 2007

ORDER TIME : 9:40 AM

ORDER NO. : 028384-150

CUSTOMER NO: 7578386

CHANGE OF AGENT

NAME: LEPERCQ CORPORATE INCOME FUND  
L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: \_\_\_\_\_

**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. LEPERCO CORPORATE INCOME FUND L.P.  
Name of the limited partnership

2. 05/04/1998 3. B98000000288  
Date of filing/registration in Florida 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:

NRAI Services, Inc.  
Name

2731 Executive Park Drive, Suite 4  
Address

Weston, FL 33331  
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.

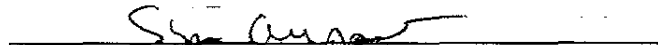


Signature of General Partner

Maureen Cullen, Attorney in Fact on behalf of Lex GP-1, Inc. - General Partner

*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



Signature of Registered Agent Sylvia Queppet, Asst. VP

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**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**