B98000000522

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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500043199555







ACCOUNT NO. : 072100000032

REFERENCE: 069544 7122203

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 8, 2004

ORDER TIME : 11:05 AM

ORDER NO. : 069544-325

CUSTOMER NO: 7122203

CUSTOMER: Ms. Bernie Wertheimer

Jones Lang Lasalle 200 East Randolph

Chicago, IL 60601

CHANGE OF AGENT

NAME: FBEC - MAITLAND COLONNADES,

L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

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.FBEC - MAITLAND COLONNADES,	L.P.			
	Name of the limited partnersh	ip		
2.August 20, 1998	3 <u>.</u> B9800000052	2		
Date of filing/registration in Florida	Ē	Document number assigned		
4. The name of the registered agent and Department of State:	the registered office addr	ess as shown on the	records of the Florida	
C T Corporat	ion System			
	Name			
1200 South F	Pine Island Road			
	Address		4 0	
Plantation,	FI. 33324		ASE A	
	City, State and Zip		一部 一	
	•		F	
5. The name and address of the new reg	istered agent and/or office	e:	OLDEC 10 MID: 22	
Corporation Se	ervice Company		400	
	Name		107 2	
1201 Hays Stre	eet.		器 2	
	reet address (P.O. Box not a	icceptable)	7	
	· · · · · · · · · · · · · · · · · · ·			
<u> Tallahassee</u>	City, State and Zip	32301	_	
6. Such change(s) was/were authorized	• • • • • • • • • • • • • • • • • • • •			
Mayreen	willi-			
Signature of/General Partner	100000			
Maureen Cullen, Attorney in Fa I hereby accept the appointment as regist	ered agent and agree to ac	ct in this capacity. If	further agree to comply	
with the provisions of all statutes relati-	ve to tne proper ana com of my position as registere	ipiete perjormance o ed avent. Or if this i	of my auties, and 1 am Tocument is heine filed	
familiar with and accept the obligations of merely to reflect a change in the registe	red office address, I herel	by confirm that the l	imited partnership has	
been notified in writing of this change.				
Comporation Service Company				
Signature of Registered Agent Jennifer A.	Geldof, Asst. VP			
N/-1b1	In the Effect In Drawn to the	4 - 6 04 - 4 3 17		

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