F95000005396



ACCOUNT NO. : 072100000032

REFERENCE :

954895

- 4321791

AUTHORIZATION

COST LIMIT :

ORDER DATE: January 5, 2001

ORDER TIME : 11:51 AM

ORDER NO. : 954895-185

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin

The Related Companies, Inc. 625 Madison Avenue, 9th Floor

New York, NY 10022

CHANGE OF AGENT

NAME: CYPRESS RUN PROJECT INVESTORS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

200004242842--3

DIVISION OF CHATORATION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of sections 6	07.0502, 617.0502, 6	507.1508, or 617.1	508, Fla	orida Statutes,	
the undersigne	d corporation organized w	nder the laws of the S	tate of Delaware			
submits the fol	lowing statement in order	to change its register	red office or registe	red age	nt, or both, in	
the State of Flo						
1. The name of	f the corporation : CYPRES	s rún project inv	ESTORS, INC.			
				}		
1			4	- 		_
2. The mailing	address of the corporation	: 625 Madison Ave	nue, New York, NY	10022		
	!		, 1	<u> </u>		
3. Date of inc	orporation/qualification: 🛓	1/03/95	_ Document number	r: F950	00005396	
4. The name a	nd address of the current re	gistered agent and of	fice:			
	(,			
İ	C T Corporation System	<u> </u>		- {	OI AL	
1	1200 South Pine Island	L Road				-17
				1	HA A	# 2 EMB(CE)
	Plantation, FL 33324		** **	1	SSS	A COLUMN
5. The name a	nd address of the new regis	stered agent (it chang	ed) and/or registere	a omce	(ritieususeo):	
	(P.	O. Box Not Accepts	ipre)			
	Corporation Service Co	mpany		- :	3: 20 STAT ORI	
	1201 Hays Street	1				
	Tallahassee, Florida	12301		_ 	1	
					Fito -aniotorad	
The street add agent, as char	fress of its registered officinged, will be identical.	e and the street addre	ess of the business	ollice of	i its registered	
Such change	was authorized by resolute the board.	on duly adopted by i	ts board of director	s or by	an officer so	
authorized by	the board.			,	5/3/01	
	11/my 1 -02			(Date)		
_	re of an officer, chairman or vice of	hairman of the board)		(Date)		
GARRY Gamy Munson,	Pracident	I				
	(Printed or typed name an	d title)	ra grafi a	- 1		
Having been	named as registered agen I hereby accept the appoil	t and to accept servi	ce of process for th	e above	stated	
performance	of my duties, and I am fan	niliar with and accep	t the obligation of	my posi	tion as	
registered ag	ent.	! !		\ \ \		
Clar	olkpoli		3-10	1-20	01	
	(Signature of Registered Agent)		(Date)	- 1	-	
If signing on be	half of an entity:					
Carol K. Do	lor, Assistant Vice Pre	sident			<u> </u>	
	(Typed or Printed Name)		(Capaci	ty)		
	* * *	FILING FEE: \$35.	00 * * *	1		
		E-FERTISCE E-FREE MAN.	•••			
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. BOX 6327	Tallahassee,	FL 32314		
	PIAISINA OL CORLOCALIGAS	, DOM USE!				