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REFERENCE : 060925 7375564 AUTHORIZATION : Tuture Payer COST LIMIT : \$ 25.00 ORDER DATE : April 21, 2003 ORDER TIME : 12:09 PM ORDER NO. : 060925-635 CUSTOMER NO: 7375564 CUSTOMER: Arthur L. Gallagher Equity One, Inc 1696 N.e. Miami Gardens Drive North Miami Bea, FL 33179 CHANGE OF AGENT NAME: UIRT LP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY	ACCOUNT NO. : 072100000032			-
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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATION COPY XX PLAIN STAMPED COPY	CHANGE OF AGENT			·
CERTIFIED COPY XX _ PLAIN STAMPED COPY	NAME: UIRT LP, L.L.C.	WTIVE SECTION	O3 JU	
	CERTIFIED COPY	ASSEE, FLORIDA	<u>∵</u> ∰	
CONTACT PERSON: Troy Todd EXT# 1140	CONTACT PERSON: Troy Todd EXT# 1140		~ 6m²	
EXAMINER:	EXAMINER:			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

· · · · · · · · · · · · · · · · · · ·		
1. The name of the limited liability company is: U	IRT LP, L.L.C.	•
2. The mailing address of the limited liability comp	anv is :	_
1696 NE Miami Gardens Dr., Miami, FL 33	3279	-
June 29, 2001	L01000010639	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:	ed office address as shown on the re	ecords of the
Alan J	. Marcus	
	ame	- 0
20803 Bis	cayne Blvd	D3 .
	dress	
Aventura,	FL 33180	385 J
City, Sta	te and Zip	in in
6. The name and address of the new registered agent	and/or office:	2 B
		5 6 6
Corporation S	ervice Company	
Nan		
1201 Hays	·	
Florida street address (P	O. Box NOT acceptable)	
Tallahassee F	L 32301	
City, State	and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or authorized epresentative of a member)	, the Florida street address of the re e identical. Or, in the case of a Flor ange(s) was/were authorized by an a therwise provided in the articles of	gistered office rida limited affirmative vote of
Laura R. Dunlap, Attorney in Fact	,	
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirm that the limited by the confirmation of the confirmatio		I further agree to nice of my duties, provided for in egistered office of this change.
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00