

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L010000019379

Town Park Associates, LLC

01 DEC 14 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVE
AND
FILED

01 DEC 14 PM 2:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input checked="" type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

12/14/01

MS

Order#: 4986280

300004726613--2

-12/14/01--01046--004

Ref#: *****25.00 *****25.00

Amount: \$ _____

SB
12-14-01

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR LIMITED LIABILITY COMPANY

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

1. The name of the limited liability company is: TOWN PARK ASSOCIATES, LLC.
2. The mailing address of the limited liability company is:

100 S.E. 2nd Street
Mail Code: FL7-950-14-04
Miami, Florida 33131-2100

3. Date of filing in Florida: November 9, 2001
4. Document number: L01000019379

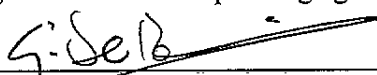
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lynn C. Washington
701 Brickell Avenue, Suite 3000
Miami, Florida 33131

6. The name and address of the new registered agent and office:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

It is hereby confirmed that the changes were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Gonzalo DeRamon, Vice President of Banc of America Development, Inc.,
Manager of Town Park Associates, LLC

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

JOAN BOLDEN

ASSISTANT SECRETARY

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

FILING FEE: \$25.00

INHS18(10/99)

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TALLAHASSEE, FLORIDA

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AND
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