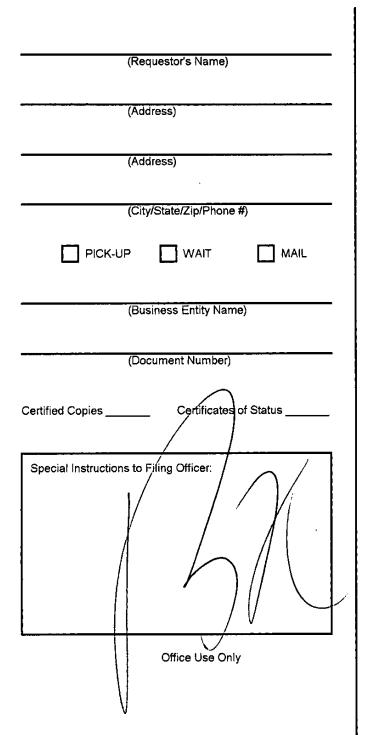
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DEPARTMENT OF STA

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TION SERVICE COMPANY.	
ACCOUNT NO.	: 072100000032
REFERENCE	: 970179 4319480 7,0 9
AUTHORIZATION	Smell of
COST LIMIT	: \$25.00
ORDER DATE : June 27, 2007	7. 5. 5. 30 2. 30 2. 30
ORDER TIME : 10:05 AM	
ORDER NO. : 970179-515	¥
CUSTOMER NO: 4319480	
CHANGE OF A	<u>GENT</u>
NAME: MIAMI AIRPORT EQUITIES LLC	INDUSTRIAL
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Doreen Wallace	e EXT# 2928
	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.

agent, or both, in the State of Florida.		
1. The name of the limited liability company is: MIAMI AIRPORT INDUSTIRAL EQUIT	PIES LLC	
2. The mailing address of the limited liability company is :	<u></u> .	
c/o Time Equities, Inc., 55 Fifth Avenue, 15th Floor, New York, NY 1	.0003	
01/03/2007 L07000000735		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the reFlorida Department of State:	ecords of the	
National Corporate Research, Ltd., Inc.		
Name		
515 East Park Avenue	TS 0.	
Address		
Tallahassee, FL 32301 City, State and Zip	至是	
6. The name and address of the new registered agent and/or office:	PH 2: 30 SEE.FLORI	
Corporation Service Company	FS ?	
Name .	30 PRI -	
1201 Hays Street	OF P	
Florida street address (P.O. Box NOT acceptable)		
Tallahassee FL 32301		
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, confirmed that after the change or changes are made, the Florida street address of the reand the business office of the registered agent will be identical. Or, in the case of a Flo liability company, it is hereby confirmed that the change(s) was/were authorized by an the members of the limited liability company or as otherwise provided in the articles of the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	egistered office orida limited affirmative vote of	
Maureen Cullen, Authorized Person		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performa and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the laddress, I hereby confirm that the limited liability company has been notified in writing	I further agree to ince of my duties, s provided for in registered office g of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. VP		
Comment to the sylvia Queppec, Assc. Vr		

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

INHS18(10/99) FILING FEE: \$25.00