

## L98FOODOSTALFOM376

Division of Corporations
Florida Department of State
409 E. Gaines Street (Zip Code 32399)
P. O. Box 6327
Tallahassee, FL 32314

FR: Gary Sherman DATE: January 22, 2002

RE: Capital Properties IX L.P.

Lepercq Corporate Income Fund L.P. Lepercq Corporate Income Fund II L.P. Sweetwell Industrial Associates L.P. Lex GP I Inc.

Acquiport Lake Mary 550 LLC Acquiport Lake Mary 600 LLC Net 2 Ocala L.L.C.

REFERENCE: 00600S

900004864519--7 -02/04/02--01075--009 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

PLEASE FILE THE ATTACHED

Change of Registered Agent

A check in the amount of \$ 35.00 is enclosed for each filing.

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

One Filed stamped copy

Please call Gary Sherman at 800-300-5067 if there are any problems with this filing.

Please Return Evidence By Regular Mail to: Gary Sherman CONTINENTAL CORPORATE SERVICES, INC. 189 FRANKLIN AVENUE, SUITE 1 NUTLEY, NJ 07110 PHONE: 800-300-5067 FAX: 973-542-0313

Thank you.





## 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.

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1. The name of the lim	ited liability compan	y is: Net 2 Ocala L.L.C.	··· · ·	
2. The mailing address	of the limited liabili	ty company is: 355 Lexington Aveni	ue, New York, NY 10017	
December 23, 1998		<u>L9800000337</u>	<u> 198000003376</u>	
3. Date of filing/registration in Florida		4. Document num	4. Document number	
5. The name of the regine Florida Department of	stered agent and the a	registered office address as shown o	on the records of the	
	CT Corporation Sy	rstem		
	<u></u>	Name	,	
	1200 South Pine Is	sland Road	AF 3	
		Address		
	Plantation, Florida	33324		
		City, State and Zip		
6. The name and addres	s of the new register	ed agent and/or office:	F. F.	
	NRAI Services, Inc.		28. 29. 1.3. D	
		Name	39 1DA	
	526 E. Park Avenue	9	ञ	
	Florida street add	dress (P.O. Box NOT acceptable)		
	Tallahassee	FL 32301		
	Ci	tv. State and Zin		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/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.

Signature of a member or authorized representative of a member)

Dianne R. Smith, Authorized Person

(Printed or typed name of signee)

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. NRAI Services. Inc.

(Signature of Registered Agent)

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

**FILING FEE: \$25.00** 

INHS18(10/99)