Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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REGISTERED AGENT CHANGE

TCG LAKELAND ASSOCIATES, LLC

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

Pursuant to the provisions of sections 60 liability company submits the following steagent, or both. in the State of Florida.	8.416 or 608.508, Florida Statutes stement in order to change its regis	, the undersigned limited ster:d office or registered
1. The name of the limited liability compan	y is: TCG Lakeland Associates, LLC	
2. The mailing address of the limited liabili	ty company is : 1012 N Street, NW	
Washington, DC 20001		
11/06/2000	M00000002284	
3. Date of filing/registration in Florida	4. Document num	ibei
5. The name of the registered agent and the Florida Department of State.	registered office address as shown o	n the records of the
Gary J. Cohen, Es	q	
	Name	
1500 Miami Cente		
Balant El nosos	Address	
Miami, FL 33131	City, State and Zip	700
6. The name and address of the new register	· -	DI SEP BECRET
NRAI Services, inc.		7 . 7
	Name	ARY ARY
526 E. Park Avenue		1 ⁻¹
Florida street ad	dress (P.O. Box NOT acceptable)	PM I:
Tallahussoc	FL 32301	골즉 -
Ci	ty, State and Zip	She of
If the limited liability company is not organic confirmed that after the change or changes a and the business office of the registered ager liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	re made, the Florida street address of it will be identical. Or, in the case of t the change(s) was/were authorized y or as otherwise provided in the arti-	if the registered office fighthered is a first series of the series of
(Signature of A member or authorized representative of a re	xmber)	· -
(Printed or typed name of signee)		
I hereby accept the appointment as registers comply with the provisions of all statutes reland I am familiar with and accept the obligation of the compact is be address. I hereby confirm that the limited lia NRAI Services, Inc.	ed agent and agree to act in this cap ative to the proper and complete per dions of my position as registered a ung filed to merely reflect a change bility company has been notified in	at ity. I further agree to formance of my duties, se it as provided for in in the registered office w iting of this change.
(Signature of Registred Agent)		
Division of Corporations	s, P.O. Box 6327, Tallahassee, FL	3 1314

INHS18(10/99)

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