

Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000312184 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

MISSION BAY SHOPPING CENTER, LLC

Certificate of Status Certified Copy Page Count Estimated Charge

0

02

Bingtonic Pling tingul

COMPANIES FINES

Public Account Help.

INHS18(10/99)

FLOID MINOR OT BOXED ONLY

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: MISSION BAY SHOPPING CENTER, LLC 2. The mailing address of the limited liability company is: C/O INVESCO, INC ONE LINCOLN CENTRE, STE. 700, DALLAS/TX/7524 M01000000072 Jan. 10, 2001 4. Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPDIRECT AGENTS Name 103 N. MERIDIAN ST., LOWER LEVEL Address TALLAHASSEE/FL/32301 City, State and Zip 6. The name and address of the new registered agent and/or office: C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) FL 33324 City. State and Zip 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. (bignature of a photoer or authorized representative of a member) BENTY KIRBY (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 statules relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, 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. CT Corporation System (Signature of Ragintere d Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00