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DIVISION OF SEPTEMBER PLORIDOR

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SECRETARY OF SIA



ACCOUNT NO. : 072100000032

REFERENCE :

5173242

AUTHORIZATION

COST LIMIT

ORDER DATE: February 17, 2007

ORDER TIME : 9:0 AM

ORDER NO. : 764246-320

CUSTOMER NO: 5173242

CHANGE OF AGENT

NAME: CAPMARK AFFORDABLE REALTY

ADVISORS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2007

Please give original submission date 하다

AMANDA HADDAN CSC TALLAHASSEE, FL

SUBJECT: CAPMARK AFFORDABLE REALTY ADVISORS LLC

Ref. Number: M03000001116

We have received your document for CAPMARK AFFORDABLE REALTY ADVISORS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

We need a signature for "MAUREEN CULLEN" the Authorized Person. Please note that a conformed signature will suffice.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 707A00013524

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DIVISION DE PORTORIORIS

TALLAHAS SEE, FLORIORIS

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 limite	ed liability company is	CAPMARK AF	FORDABLE REALT	Y ADVISORS LLC	
2. The mailing address o	f the limited liability of	company is:		•	
1801 California Street, Suite	3700, Attn: Angela Brando	enstein, Denver, CC	80202		
April 8, 2003		<u> </u>	M030000 Ø 116		
3. Date of filing/registrat	ion in Florida	4.	Document number	er	
5. The name of the register Florida Department of	State:		dress as shown on	the records of the	
	CTC	Corporation System			
	100	Name			
	120	South Pine Road		1 - 0.	
Address Port of account of the control of the contr				Por T	
Plantation, FL 33324 City, State and Zip				TOPE B	
6. The name and address	-	•	ice:	TEB 23 MIO: 12 SECRETARS SEE FLOR	
	Corporat	ion Service Compa	ny	79 6	
		Name			
	120	1 Hays Street		927 7	
	Florida street addre	ss (P.O. Box N C	T acceptable)	D.	
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement.	hange or changes are the registered agent wereby confirmed that the nited liability companit of the limited liabil	made, the Florid will be identical. ne change(s) was y or as otherwis ity company.	la street address of Or, in the case of s/were authorized b	the registered office a Florida limited by an affirmative vote	
(Signature of a member of author	rized representative of a men	iber)			
_	agent				
(Printed or typed name of signee	 				
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered as of all statutes relating accept the obligation this document is being that the limited liabi	<u> </u>		icity. I further agree to ormance of my duties, ent as provided for in i the registered office vriting of this change.	
$H \cup L$	on of Corporations, l			32314	

FILING FEE: \$25.00