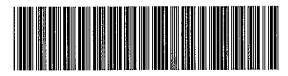
MU4000000724

| (Requestor's Name) | ı |
|---|---|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (,,,, | |
| (Document Number) | 1 |
| ` , | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | İ |
| Openial mandolona to 1 mily officer. | |
| | |
| | l |
| / 4/1 | |
| / // / | |
| $ \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} $ | |

Office Use Only



100047927341

SECRETARY OF STATE SUBJECT OF TALLAHASSEE, FLORIDAGELLONG TO THE

U RECEIVE



ACCOUNT NO. : 072100000032

REFERENCE :

262951

AUTHORIZATION

COST LIMIT

ORDER DATE: March 17, 2005

ORDER TIME : 12:23 PM

ORDER NO. : 262951-305

CUSTOMER NO: 7477555

CUSTOMER: Mr. Bob Roepsch

Principal Financial Group

711 High Street

Des Moines, IA 50392-4820

CHANGE OF AGENT

NAME: POINTE WEST II - P3, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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: POINTE I | WEST II ~ P3, LLC | | * |
|---|--|---|---|
| 2. The mailing address of the limited liability company is: | | | |
| % Bob Roepsch, 801 Grand Avenue, Des Moines, | IA 50392-1360 | | • |
| | | | |
| 02/23/2004 | M04000000724 | | |
| 3. Date of filing/registration in Florida | 4. Document numb | oer | • |
| 5. The name of the registered agent and the registered office Florida Department of State: | e address as shown or | the records o | of the |
| C T Corporation | System | | .* |
| Name | | 7 C 0 | |
| 1200 South Pine Isl | and Road | 05 MAR SECRET | 1 |
| Address | | 圣帝 嘉 | 11 1 |
| Plantation, FL City, State and 2 | | 721 TAR TASS | - |
| • | • | | m |
| 6. The name and address of the new registered agent and/or | office: | AM 9: 44 OF STATE E. FLORID | D |
| Corporation Service | Company | | |
| Name | | OF + | |
| 1201 Hays Stre | et <u></u> | | |
| Florida street address (P.O. Box | NOT acceptable) | | ·• |
| Tallahassee FL | 32301 | | |
| City, State and Zi | ip | | |
| If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. | orida street address of ical. Or, in the case of was/were authorized | f the registere f a Florida lin by an affirma | ed office nited ative vote of |
| (Signature of a member or authorized representative of a member) | _ | | |
| (SEE ATTACHED EXHIBIT A) (Printed or typed name of signee) | - | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of I am familiar with and accept the obligations of my positive to the provision of the provision of I am address, I hereby confirm that the limited liability company (Signature of Registered Agent) Jennifey A. Geldof, Asst. V Division of Corporations, P.O. Box 63 | ₽` | , | er agree to my duties, led for in ed office s change. |
| Division of Corporations, 1.0. Dux 03 | er, i minimassee, x li | VAVIT | |

FILING FEE: \$25.00

Exhibit A

POINTE WEST II - P3, LLC, a Delaware limited liability company

By: PRINCIPAL REAL ESTATE INVESTORS, LLC, its authorized signatory

By

Director

By

Diane C. Cortese Senior Closing Consultant