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SEUNETARY OF STATE





ACCOUNT NO. : 07210000032

REFERENCE: 262951 7477555

AUTHORIZATION

COST LIMIT

ORDER DATE: March 17, 2005

ORDER TIME : 12:25 PM

ORDER NO. : 262951-315

CUSTOMER NO: 7477555

CUSTOMER: Mr. Bob Roepsch

Principal Financial Group

711 High Street

Des Moines, IA 50392-4820

CHANGE OF AGENT

NAME: WESTPARK CENTER, 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 i	s: WESTPARE	CENTER, LLC			
2. The mailing address of the limited liability	company is:		A SEC		k
% Bob Roepsch, 801 Grand Avenue, D	es Moines,	IA 50392-1360	P.P.	12 1	3
07/21/2004	-	м04000002907	SEE	罗。	0
3. Date of filing/registration in Florida	• • •	4. Document num	iber 🕏	35 E	د
5. The name of the registered agent and the reg Florida Department of State:	gistered office	e address as shown o	n the record	of the	
C T Co	rporation !	System	4 225		
	Name		<u>*</u>		-
1200 Sout	th Pine Isl	and Road			*1
	Address	•			23.22
	ation, FL 3				
Cit	y, State and Z	ыр			
6. The name and address of the new registered	agent and/or	office:			
Corporati	on Service	Company			
	Name			*-	
	Hays Stree				
Florida street addre	ess (P.O. Box	NOT acceptable)			
Tallahassee	FL	32301			
City,	, State and Zi	p			, -
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the members of the limited liability company of the operating agreement of the limited liability	made, the Flowill be identing the change(s) or as otherwise	orida street address of cal. Or, in the case of	of the registe of a Florida	red offic imited	
(Signature of a member or authorized representative of a men	nber)	-			**
(SEE ATTACHED EXHIBIT A) (Printed or typed name of signee)	<u> </u>	- .	-	··. ·	£ ↑ .
I hereby accept the appointment as registered comply with the provisions of all statutes relat and I am familiar with and accept the obligation of the control of the control of the provisions of all statutes related and I am familiar with and accept the obligation of the control of the cont	f, Asst. VI	 -		her agre f my dut ided for ered offi us chan	ee to ies, in ice ge.
Division of Corporations,	P.O. Box 632	77, Tallahassee, FL	32314		

FILING FEE: \$25.00

INHS18(10/99)

Exhibit A

WESTPARK CENTER, LLC, a Delaware limited liability company

PRINCIPAL REAL ESTATE INVESTORS, LLC, a Delaware limited By: liability company, its authorized signatory

Diane C. Cortess Senior Closing Consultant