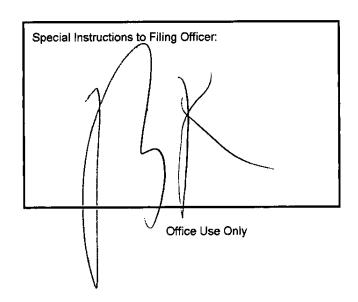
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DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE :

122898

5170790

AUTHORIZATION

ORDER DATE: May 22, 2006

ORDER TIME : 10:56 AM

ORDER NO. : 122898-140

CUSTOMER NO: 5170790

## CHANGE OF AGENT

4011 OKEECHOBEE BOULEVARD GP,

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

## 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	d liability company is:	4011 OKEECH	IOBEE BOULEVAR	D GP, LLC	
2. The mailing address of	the limited liability co	ompany is :	······································		
30 Broad Street, 31st Floor, N	ew York, NY 10004				
05/13/2005		]	M05000002542		
3. Date of filing/registrati	on in Florida	$\overline{4}$	. Document num	per	
5. The name of the registe Florida Department of S		stered office ad	ldress as shown or	the records of the	
	Lyni	n C. Washington			
		Name			
	701 Brid	kell Ave., Suite 3	00		
		Address	_	是	
	强 之 一				
	City,	, State and Zip		超空间	
6. The name and address of	of the new registered a	gent and/or off	īce:	TALLAHASSEE, FLORITE	
	Corporation	on Service Compa	ny	TO F.	
Name Name					
1201 Hays Street					
	Florida street addres	s (P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the liming or the operating agreement of the member or authority of a member or authority of a member or authority of the company of the liming agreement of the company of the liming agreement of the company of the liming agreement of the limited liability company of the liability compa	ange or changes are not the registered agent we have confirmed that the little company to fine limited liability.	nade, the Floric vill be identical e change(s) wa y or as otherwis ty company.	la street address o Or, in the case o s/were authorized	f the registered office of a Florida limited by an affirmative vote	
Maureen Cullen, Attorney in F (Printed or typed name of signee)	act				
•				T.C	
I hereby accept the appoil comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address I hereby confirm	ntment as registered as of all statutes relative accept the obligation his document is being that the limited liabili	igent and agree e to the proper ns of my positio filed to merely ty company ha.	e to act in this cap and complete per on as registered a reflect a change i s been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. V	ice President				
Divisio	n of Corporations, P.	.O. Box 6327,	Tallahassee, FL	32314	

**FILING FEE: \$25.00** 

INHS18 (8/05)