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(Document Number)	
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SERVE HARY & STATE

## 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. Name of the limited liability company:	CABOT CYPRESS CREEK TOWER 5 LLC
2. (a) Principal office address of limited liability	company: 55 FIFTH AVENUE, FL 13
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability compan	nv: 55 FIFTH AVENUE, FL 13
(Note: MAY BE POST OFFICE BOX)	NEW YORK NY 10003
6/24/2005	M05000003501
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	hown on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC.
Pagistawad Office Address	2731 EXECUTIVE PARK DRIVE, SUITE 4
Registered Office Address:	WESTON PA 33331
NEW Registered Office Address:	
<u>(MUST BE FLORIDA STREET ADDRE.</u>	
	Tallahassee ,FL 32301
that after the change or changes are made, the Flor office of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were authiability company or as otherwise provided in the a limited liability company  (Signaturele a member or authorized representative of a member)  Timothy Kroll Membel  (Printed or typed name of signee)  I hereby accept the appointment as registered age comply with the provisions of all statutes relative to a maniliar with and accept the obligations of my confirm that the limited liability company has been	ander the laws of the State of Florida, it is hereby confirmed orida street address of the registered office and the business r, in the case of a Florida limited liability company, it is thorized by an affirmative vote of the members of the limite articles of organization or the operating agreement of the articles of organization or the operating agreement of the sent and agree to act in this capacity. I further agree to to the proper and complete performance of the position as registered agent as provided for in Chapter of reflect a change in the registered office address, I hereby an notified in writing of this change.
(Signature of Registered Agent)	<u> </u>

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00