

(Requestor's Name) (Address)	400187338204		
(Address)			
(City/State/Zip/Phone #)	11/04/1001024020 **475.00		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
NOV - 5 2010			

EXAMINER

Office Use Only

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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.

	Name of the limited liability company:	CABOT CYPRESS CREEK TOWER	R / LLC	
2. ((a) Principal office address of limited liability of	company: 55 FIFTH AVENUI	E, FL 13	
`	(Note: MUST BE STREET ADDRESS)	NEW YORK	NY	10003
		SS CIETLI AVENU	E El 42	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		y: 55 FIFTH AVENU NEW YORK	NY	10003
	(Noie: MAT BE FOST OFFICE BOX)	NEW TORK	NI NI	10003
	6/24/2005	M050000035	603	
3. I	Date of filing/registration in Florida	4. Document number		
5.	(a) Registered Agent and Registered Office sho	own on the records of the Florida De	•	ate:
	Registered Agent:	- MICH OLIVATOR	J, 1140.	
	Registered Office Address:	2731 EXECUTIVE PARK D		
		WESTON	PA	33331
		Notional Cornerate Bose	avab Idd	lna
	NEW Registered Agent: NEW Registered Office Address:	National Corporate Rese		, Inc.
		SS) 515 East Park Av	/enue	
	NEW Registered Office Address:			32301
that offi here liab lim	NEW Registered Office Address:	der the laws of the State of Florida, ida street address of the registered of in the case of a Florida limited liabil orized by an affirmative vote of the rticles of organization or the operation	renue FL it is here fice and lity comp member ng agree	by confirmed the business pany, it is sof the limited ment of the

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