M0500003589

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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.

	CABOT CYPRESS CREEK TOWER 17 LLC
2. (a) Principal office address of limited liabilit	v company: 55 FIFTH AVENUE, FL 13
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability compa	any: 55 FIFTH AVENUE, FL 13
(Note: MAY BE POST OFFICE BOX)	
6/28/2005	M05000003589
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC.
Registered Office Address:	2731 EXECUTIVE PARK DRIVE, SUITE 4
č	WESTON PA 33331
NEW Registered Agent:	National Corporate Research, Ltd., Inc.
NEW Registered Office Address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	ESS) 515 East Park Avenue Tallahassee ,FL 32301
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR) If the limited liability company is not organized that after the change or changes are made, the Florice of the registered agent will be identical. Onereby confirmed that the change(s) was/were at liability company or as otherwise provided in the limited liability company. Signature of a member or authorized representative of a member of	under the laws of the State of Florida, it is hereby conforida street address of the registered office and the bus or, in the case of a Florida limited liability company; it athorized by an affirmative vote of the members of the earticles of organization or the operating agreement of
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR) If the limited liability company is not organized that after the change or changes are made, the Florifice of the registered agent will be identical. Onereby confirmed that the change(s) was/were at liability company or as otherwise provided in the limited liability company. Signature of a member or authorized representative of a member of typed name of signee)	under the laws of the State of Florida, it is hereby conforida street address of the registered office and the bus or, in the case of a Florida limited liability company it athorized by an affirmative vote of the members of the earticles of organization or the operating agreement of

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