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EXAMINER



RPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 279983 4391782

AUTHORIZATION :

COST LIMIT

ORDER DATE : February 19 2010

ORDER TIME : 3:23 PM

ORDER NO. : 279983-033

CUSTOMER NO: 4391782

CHANGE OF AGENT

NAME: DRA CRT BAYMEADOWS CENTER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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 Itability 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: _DRA CRT BAYMEADOWS CENTER LLC 2. (a) Principal office address of limited liability company: <u>c/o DRA Advisors LLC</u> (Note: MUST BE STREET ADDRESS) 220 East 42nd Street, 27th Floor New York, NY, 10017 c/o DRA Advisors LLC 220 East 42nd Street, 27th Floor (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) New York, NY 1017 M05000005132 09/16/2005 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: C T Corporation System Registered Agent: 1200 South Pine Island Road Plantation, FL 33324 Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Corporation Service Company 1201 Hays Street NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tallahassee FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member) (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:

By: (Signature of Registered Agent) Sylvia Queppet, Asst. VP

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