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Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)205-0380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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REGISTERED AGENT CHANGE

1629 I, LLC

Certificate of Status	0
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July 10, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRAID PROFESSIONAL SERVICES, LLC

SUBJECT: 1629 I, LLC
REF: M06000001246

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current Registered Agent listed does not match our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Neysa Culligan
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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.

1. The name of the limited liability company is: 1629 I, LLC

2. The mailing address of the limited liability company is : 1629 K STREET NW, SUITE 501

WASHINGTON DC 20006

03/01/2006 — 3. Date of filing/registration in Florida

M06000001246 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Washington Real Estate Partners
Name
639 E. Ocean Ave Ste. 406
Address
Boynton Beach, FL 33435 US
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)

Weston FL 33331
City, State and Zip

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.

/s/F.Davis Camalier
(Signature of a member or authorized representative of a member)

F.Davis Camalier
(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.

NRAI Services, Inc.
(Signature of Registered Agent)
Mary Parris, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DNFTS18(10/99)

FILING FEE: $25.00

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