

M95000000272

Brandywine Financial Services Corporation

P.O. Box 999
Chadds Ford, PA 19317
(610) 388-9600

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-02/25/00--01075--003
*****25.00 *****25.00

February 16, 2000

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

Re: Shoppes of South Semoran, LLC
Document #M95000000272

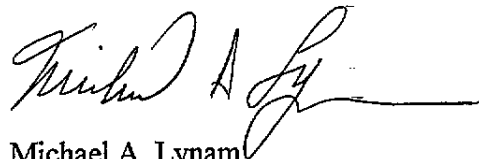
Via Certified Mail
Return Receipt Requested
Z 372 007 531

Gentlemen:

Enclosed please find the completed and executed Florida Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with our check #2589 in the amount of \$25.00 for the filing fee.

Should you have any questions regarding this filing, please contact me at (610) 388-9600.

Sincerely,



Michael A. Lynam
Chief Accounting Officer

MAL:dd
Enclosures

FILED
00 FEB 25 PM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/29

**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: Shoppes of South Semoran, LLC
2. The mailing address of the limited liability company is: P.O. Box 999
Chadds Ford, PA 19317

9/25/95
3. Date of filing/registration in Florida

M95000000272
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:

Joseph W. Gaynor, P.A.
Name
2637 McCormick Dr., Ste. B
Address
Clearwater, FL 33759
City, State and Zip

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

Brandywine Financial Services Corporation
Bruce E. Moore
Name
2637 McCormick Dr.
Florida street address (P.O. Box NOT acceptable)
Clearwater FL 33759
City, State and Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
(Signature of a member or authorized representative of a member)

Bruce E. Moore
(Printed or typed name of signer)

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.

[Signature]
(Signature of Registered Agent)

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