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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094

: (770)777-2091 : (770)220-1943

Phone Fax Number



REGISTERED AGENT CHANGE

WESTBROOK REAL ESTATE PARTNERS II, L.L.C.

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12/21/2006

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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 fallowing statement in order to change its registered office or registered agent, or holh, in the State of Florida. 1. The name of the limited liability company is: Westbrook Real Estate Partners II, LLC. 2. The mailing address of the limited liability company is: P.O. BOX 1908 HOBE SOUND FL 33475 M97000000786 12/01/1997 Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 SOUTH PINE ISLAND ROAD Address Plantation, FL 33324 City, State and Zip 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 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. (Signature of a member or authorized representative of a member) Kashif Sheikh (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. Thakon K. Gray Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00