ACCOUNT NO.

072100000032

REFERENCE

206526

7233280

AUTHORIZATION

COST LIMIT

ORDER DATE: June 29, 2001

ORDER TIME : 2:38 PM

ORDER NO. : 206526-040

CUSTOMER NO: 7233280

CUSTOMER: Ms. Merrilyn Lovelady

American Land Lease 29399 Us Highway 19 North

Suite 320

Clearwater, FL 33761-2137

CHANGE OF AGENT

NAME:

AIOP GULFSTREAM OUTLOT II,

L.L.C.

000004457220--4

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

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: AIOP GULFSTREAM OUTLOT II, L.L.C. 2. The mailing address of the limited liability company is: ____ JULY 13, 1998 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: AMERICAN LAND LEASE, INC. Name 29399 U.S. 19 NORTH, Address CLEARWATER, FLORIDA 33759 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee 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 operating agreement of the limited liability company. or authorized representative of a member) EPH W. GAYNOR

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

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.

(10/99) FILING FEE: \$25.00

INHS18(10/99)

Printed or typed name of signee)

(Signature of Registered Agent)