

ACCOUNT NO. : 072100000032

REFERENCE :

COST LIMIT : \$ 25.00

ORDER DATE: July 25, 2000

ORDER TIME : 2:19 PM

ORDER NO. : 775791-385

CUSTOMER NO: 4363758

600003339576

CUSTOMER: Ms. Linda Doyle

United Asset Management Corp.

1 International Place

Boston, MA 02110

## CHANGE OF AGENT

NAME: HEITMAN FLORIDA MANAGEMENT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ta-Tanisha Green

## 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:	HEITMAN I	FLORIDA	MANAGEMI	ENT LLC		• .
2. The mailing address of t	he limited liability co	ompany is:	180	Warte	5 Lasa	110 5,	treet
		Chica	9/1	TILODA	5 606	01	_
		<u> </u>					
JANUARY 4, 1999		* <sub>3</sub> <del>- 1</del>	-	000012			
3. Date of filing/registration	n in Florida		4. Doci	ıment nur	nber		
5. The name of the registere Florida Department of St	ed agent and the registate:	stered office	address a	as shown o	on the reco	pala:	7 (3)
	C T COR	PORATION S	YSTEM	· · · · · · · · · · · · · · · · · · ·		0	
_		Name					
_	1200 SOUTH		AND ROAL	)		28	المالية
		Address	2204				
-		FION, FL 3 State and Z		. ,		3	200°
6. The name and address of	•		~			00 JUL 28 AM 10: 110	5
o. The hame and address of	mo mon regionales a	<b>9</b>					- 35
_	Corporatio		Company		•	•	
		Name	L				
_	Florida street addres	Hays Stree		nantabla)			
	Florida street addres	S (F.O. DOX	NOT act	cptaoic)			
_	Tallahassee	FL	3230	1			
	City, S	State and Zip	•				
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of	inge or changes are noted the registered agent which the confirmed that the liability company or	nade, the Flo vill be identic e change(s) v as otherwise	orida stree cal. Or, i	t address n the case authorize	of the regi of a Florid d by an afi	istered on la limited firmative	vote of
(Signature of a member or authorize	ed representative of a memb	per)	•				• • •
Roser F. Smith, (Printed or typed name of signee)	nanager						
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as registered of of all statutes relative accept the obligation is document is being hat the limited liabil.	agent and ag we to the pro ns of my pos filed to mer ity company	ree to ac per and c ition as r ely reflec has been	t in this co complete p egistered t a change notified i	apacity. I j erformand agent as p e in the reg n writing o	further ag se of my d rovided fo gistered o of this cha	rree to uties, or in ffice inge.
(Signature of Registered Agent)	ALMI	<del></del>					• • •

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

**FILING FEE: \$25.00** 

INHS18(10/99)