000000860



ACCOUNT NO. : 072100000032

REFERENCE

:= 513323

4355376

AUTHORIZATION

COST LIMIT

ORDER DATE : December 13, 1999

ORDER TIME : 11:05 AM

ORDER NO. : 513323-010

CUSTOMER NO: 4355376

CUSTOMER: Ms. Dianne Chiappetti

Pritzker Realty Group, Lp

200 West Madison

Suite 3700

Chicago, IL 60606

CHANGE OF AGENT

NAME: CENTERGATE RESIDENTIAL, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Erika Carlson -

700003100837--1

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 limite	ed liability company is	: CENTERGAT	E RESIDENTIAL,	L.L.C.		<u>'</u>
2. The mailing address of	f the limited liability c	ompany is:_			· ·	
					•	
JUNE 10, 1999		<u>-</u> -	м99000000860			
3. Date of filing/registrat	ion in Florida	<u></u>	4. Document nur	nber		
5. The name of the registe Florida Department of	ered agent and the regi State:	stered office	address as shown	on the recor	rds of the	;
	LEXIS DO	OCUMENT SER	VICES .	,		
		Name				
	3953 W.	W. KELLEY	ROAD		- ;	:
		Address			·	
	TALLAHA	SSEE, FL 3	32311			
	City	, State and Zi	p	' =		-
6. The name and address of the new registered agent and/or office:					SEO:	3
	Corporatio	n Service (Company			
		Name		•	10.27	
1201 Hays Street						. i
	Florida street addres	ss (P.O. Box I	NOT acceptable)	,	#07 #18 #2 #2	
	Tallahassee	FL	32301	re "	夏南 二	• •
	City,	State and Zip	-		A	
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite the operations agreement of the limite the limite the operations agreement of the limite the li	the registered agent we reby confirmed that the diability company or f the limited liability of the lia	nade, the Flor ill be identicate change(s) was otherwise company.	and a street address al. Or, in the case as/were authorized provided in the ar	of the regis	sterea om a limited	ice /ote of n or
(Signature of a member or authori	ized representative of a memb	per)	,	~		
John Kevin Poorman, Secr	etary		,	· .55		
(Printed or typed name of signee)						
I hereby accept the appoi comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm			ee to act in this ca er and complete pi ion as registered d ly reflect a change as been notified in	pacity. I fur erformance agent as pro in the reginal and writing of	rther agi of my du ovided fo stered off this chai	ree to sties, r in fice sge.
	ike, asst Austan					
Divisio	n of Corporations, P	.O. Box 6327	, Tallahassee, FL	32314		

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INHS18(10/99)