

ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: November 21, 2001

ORDER TIME: 9:53 AM

ORDER NO. : 159556-015

100004692541-

NOITEM OF CHAPTERATION

CUSTOMER NO: 4348748

CUSTOMER: Ms. Laura Hopkins

Trammell Crow Residential Suite 1200 Lock Box 128

717 North Harwood Dallas, TX 75201

CHANGE OF AGENT

NAME: TCR BUENA VISTA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

C. Coullistie NOV 2 6 2001

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, corporation organized under the laws of the State of $_{ m TEXAS}$
	wing statement in order to change its registered office or registered agent, or both, in
the State of Florid	
1. The name of th	ne corporation: TCR BUENA VISTA, INC.
2. The mailing ad	dress of the corporation: 201 N. NEW YORK AVE., SUITE 200, WINTER PARK, FL 32789
3. Date of incorp	oration/qualification: 6/5/1992 Document number: P39171
4. The name and a	address of the current registered agent and office:
DO	DUGLAS A. HOEKSEMA
20	01 N. NEW YORK AVE., SUITE 200
	INTER PARK, FLORIDA 32789
5. The name and a	address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
<u></u>	prporation Service Company
_12	01 Hays Street
Ta	llahassee, Florida 32301
The street address agent, as changed	s of its registered office and the street address of the business office of its registered, will be identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board.
(Signature of a	an officer, chairman of the board) 11/19/0/ (Date)
Laur	(Printed of typed name and title)
I further agree to	ed as registered agent and to accept service of process for the above stated reby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete y duties, and I am familiar with and accept the obligation of my position as
Yail /	Construction 11.14.01 (Date)
f signing on behalf o	(Date)
GAIL HARSHMAN	ASST. VICE PRESIDENT
(Тур	ped or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *