M000000000458 Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

100003164201--9
-03/09/00--01075--020
******5.00 ******5.00
100003164201--9
-03/09/00--01075--021
****125.00 ****125.00

<u>C</u>	Corporation(s) Nan	-03/03/0001073021 re ****125.00 ****125.
	1 21/ 01	SECRETARY OF MARY OF MARY OF MARY OF SECRETARY OF SECRETA
1/6	answestern 314 Cle	math's, C.C. PM 2: 06
()Profit ()Nonprofit	()Amendment	()Merger 200 A
()Foreign MLLC	()Dissolution	()Mark SSEE
()Limited Partnership ()Reinstatement	()Annual Report ()Reservation ()Fictitious Nan	()Ch. 🙉 👸 💆
()Certified Copy	()Photocopies	Cus
(XXX)Walk in	(XXX)Pick-up	()Will Wait
Name Availability: Document Examiner: Updater: Verifier: Acknowledgement: W.P. Verifier:	MAR = 9	Please Return Extra Copies File Stamped To: Melanie Strickland

Thank You!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign	lim	nited liability company)			
Delaware	3	36-4255307			
(Jurisdiction under the law of which foreign limited liability company is organized)	٠.	(FEI number, if applicable)		_	
March 3, 2000	5.	Perpetual			
(Date of Organization)		(Duration: Year limited liability company will de exist or "perpetual")	ase to	00 MAR	
Upon qualification.				55	
(Date first transacted business in Florida. (Se	ee s	ections 608.501, 608.502, and 817.155, F.S.)	3	တ်	רובט
. 150 N. Wacker Drive, Suite 800, Chicago, IL 60606			<u> </u>	32	Ċ
			STA.	5: (
(Street addres	ss o	f principal office)	Sm		
. If limited liability company is a manager-manage	d c	ompany, check here	-		
. If miniod intomey company to a managerge					
. The usual business addresses of the managing me	mt	pers or managers are as follows:			
Aslan Realty Partners, L.P., 150 N. Wacker Drive, Suite 8	300.	Chicago, IL 60606			
I Island Pourly Later State St			-	_	
				_	
				_	٠
				_	
0. Attached is an original certificate of existence, no more than 9 ne jurisdiction under the law of which it is organized. (A photoco	90 c	ays old, duly authenticated by the official having custors not acceptable. If the certificate is in a foreign land	odyo: nao ea	record	sm
ranslation of the certificate under oath of the translator must be su	opy ibm	itted)	50, 0	•	
1. Nature of business or purposes to be conducted	or	promoted in Florida: To invest in real property	y		
		A	**		
				_	
Signature of a member or an a (In accordance with section 608.408(3) an affirmation under the penalties of pe	, F.	horized representative of a member. S., the execution of this document constitutes ry that the facts stated herein are true.)			
SEE ATTACHED SIGNATURE P					
Typed or printe	ed	name of signee			• •

TRANSWESTERN 314 CLEMATIS, L.L.C.,

a Delaware limited liability company

BY: ASLAN REALTY PARTNERS, L.P., an

Illinois limited partnership its sole

member

BY: ASLAN GP, L.L.C., a Delaware limited

liability company, its general partner

BY:

Erwin K. Aulis

Managing Director

FILED

00 MAR -9 PM 2: 06

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liabi	ility Company is:			
Transwestern 314 Clematis, L.L.C.				
2. The name and the Florida stree	et address of the registered agent and office are	SECRETARY O	OO MAR	
C T Corporation System			-9	-
	(Name)		2	Ė
c/o C T Corporation System, 1200 South Pine Island Road		F STATE FLORIDA	S: 0	
Florid	a street address (P.O. Box NOT ACCEPTABLE)		ਲ	
Plantation	FL 33324			
	City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..

C T Corporation System

JAMES M. HALPEN, ASST. SEZRETARY

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSWESTERN 314 CLEMATIS, L.L.C."

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0295988

001110719

3187508 8300

DATE:

03-06-00