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DEPARTION OF CORPORATION
TALLARASSEE, FLORIDA

TALLALIASSEE, FLORES



ON RERAICE COMPANY"	
ACCOUNT NO.	:- 072100000032
REFERENCE	:=354112 4815732
AUTHORIZATION	= Q. D. B.
COST LIMIT	** \$ 160.00 4815732 *** \$ 160.00 ***
ORDER DATE : December 10, 2003	
ORDER TIME : 1:42 PM	
ORDER NO. : 354112-005	<u></u>
CUSTOMER NO: 4815732	= -
CUSTOMER: Ms. Elizabeth Doddri Hughes Hubbard & Res Ste 2500, Miami Cent 201 South Biscayne E Miami, FL 33131	ed - errBldg.
FOREIGN FI	<u>LINGS</u>
NAME: LOEWS ST. PETE	GP LLC
XXXX QUALIFICATION (TYPE: LI	u) <u> </u>
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
XXCERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STA	NDING
CONTACT PERSON: Sara Lea EX	•
	EXAMINER:

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

IN i	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECUSTER A FOREIGN
LUM	ITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
ī	LOEWS ST. PETE GP LLC
۲۰ _	(Name of foreign limited liability company)
2	Delaware 3 -
~ `₹	furisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	October 16, 2003 "Perpetual"
7. ,	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Qualification
٠	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	667 Madison Avenue
	New York, New York 10021
	(Street address of principal office)
R .	If limited liability company is a manager-managed company, check here
•	
9. ′	The name and usual business addresses of the managing members or managers are as follows:
	Vincent F. Dunleavy
	c/o Loews St. Pete Hotel Corp., 667 Madison Avenue, New York, New York 10021
	· · · · · · · · · · · · · · · · · · ·
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i
	the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language,
	translation of the certificate under oath of the translator must be submitted.)
	The Company is formed for
11.	Nature of business or purposes to be conducted or promoted in Florida: the purpose of engaging in any lawful act or activity for which limited liability companies may be formed under Delaware law and engaging in any and all activities
-	necessary, convenient, desirable or incidental to the foregoing under Florida law
	- MILL Alaba
	Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjuty that the facts stated herein are true.)
	William A. Weber, Esq.
	Typed or printed name of signee

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	f the Limited Liability Company is:	•
LOEWS ST.	PETE GP LLC	
2. The name ar	nd the Florida street address of the registered agent and office are:	
·	Corporation Service Company	
	(Name)	
	1201 Hays Street	·
,	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee, Florida 32301	
_	City/\$tate/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..

Brian Courtney
(Signature) Asst. V. Pres.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOEWS ST. PETE GP LLC" 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOEWS ST.

PETE GP LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D.

2003.

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

Warriet Smith Windson

AUTHENTICATION: 2771002

DATE: 11-25-03

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