# M1000000 5044

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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	V	W	ALK IN	6 P. C. C.
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	РНОТОСОРУ			3
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X	FILING	Fore	rign	
1.	BRELEY FL Projection of the Corporate Name and Doc	perties,	L.L.C.	
2. 3.	(CORPORATE NAME AND DOC	CUMENT #)		
j. 1.	(CORPORATE NAME AND DOC	UMENT#)		· ···
5.	(CORPORATE NAME AND DOC	UMENT#)		
5.	(CORPORATE NAME AND DOC	UMENT#)		
	(CORPORATE NAME AND DOC	UMENT#)		
SPECIAI	L INSTRUCTIONS:			

#### 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

ЦМ	TTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	STATE OF FLORIDA:
1	RE/EX FL Properties L.L.C.	77 - VIII - A - A - A - A - A - A - A - A - A
	(Name of Foreign Limited Liability Company; must include	E "Limited Liability Company," "L.L.C.," or "LLC.")
COL		e of transacting business in Florida and attach a copy of the writtenate name. The alternate name must include "Limited Liability
2,_0	Selaware 3.	
()	urisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)
4.	11/16/2010 5.	Perpetual
•	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Filing	
Ī	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7.	The Blackstone Group	
	345 Park Avenue, New York, NY	
_	(Street Address of	Principal Office)
<b>8</b> . 1	f limited liability company is a manager-managed c	ompany, check here
9, ′	The name and usual business addresses of the mana	ging members or managers are as follows:
	BRE/EX Portfolio L.L.C.	
	The Blackstone Group, 345 Park Avenue	
	New York, NY 10154	
		ys old, duly authenticated by the official having custody of records in
	risdiction under the law of which it is organized. (A photocopy lation of the certificate under outh of the translator must be submit	
		•
11.	Nature of business or purposes to be conducted or p	promoted in Florida: Engaging in any lawful act or
Ε	ctivity for which limited liability companies may be fanne	d under the laws of Aorida.
_	Dic	7
		orized representative of a member. , the execution of this document constitutes
	an affirmation under the penalties of perjur	
	Davis Coen	
	Typed or printed r	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.

BRE/EX FL Properties L.L.C.  If name unavailable, the alternate name to be used in the state of Florida is:  2. The name and the Florida street address of the registered agent and office are:    NRAI Services, Inc.   (Name)	t. The name	e of the Limited Liability Comp	any is:				
2. The name and the Florida street address of the registered agent and office are:    NRAI Services, Inc.	BREÆX FL	Properties L.L.C.					
NRAl Services, Inc.  (Name)  2731 Executive Park Orive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston  FL 33331  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 registere 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, Florida Statutes.  NRAl Services, Inc.  Signature)  \$100.00  Filing Fee for Application \$25.00  Designation of Registered Agent	If name una	if name unavailable, the alternate name to be used in the state of Florida is:					
(Name)  2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)  Weston FL 33331 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 registere 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, Florida Statutes.  NRAI Services, Inc.  Sy:  (Signature) (Signature) (ASWA)  \$ 100.00 Filling Fee for Application \$ 25.00 Designation of Registered Agent	2. The name	e and the Florida street address	of the registered agent and office are:				
Weston   FI_ 33331     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 registere 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, Florida Statutes.    NRAI Services, Inc.		NRAI Services, Inc.					
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Weston  FI, 33331  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 registere 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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  NRAI Services, Inc.  By:  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  (Signature)  Domnie (ASWA)  S 100.00 Filling Fee for Application  S 25.00 Designation of Registered Agent							
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\$ 25.00 Designation of Registered Agent		(Signature) Soque (ASWell	, Asst. Say.				
		\$ 100.00					
a sulfu cerdned cody (oddoral)							
\$ 5.00 Certificate of Status (optional)		•					

## Delaware

PAGE :

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRE/EX FL PROPERTIES 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 SIXTEENTH DAY OF NOVEMBER, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRE/EX FL PROPERTIES L.L.C." WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2010.

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

4898938 8300

101091683

DATE: 11-16-10

AUTHENTICATION: 8356328

You may verify this certificate onlin at corp. delaware.gov/authver.shtml