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CORPORATION(S) NAME	8/22 POV CC+C	US	
1) MSKP Management Com			
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() Profit () Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership (x) LLC registration	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
(x) Certified Copy	() Photocopies	(x) CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	
Name Availability Document Examiner Updater	8/22/02	Order#: 5549251 5000728589508/22/02010410 ****160.00 ****160	22
Verifier W.P. Verifier		Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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:

1. M	ISKP Managem	ent Company, L.L.C.		•	•	
		(Name	of foreign limi	ted liability company)		
2. D	elaware		3	Applied For		
	sdiction under the	e law of which foreign limited pany is organized)	l liability	(FEI number, if	applicable)	
л A	rùgust .20, 20	002	5	December 31, 20)20	
-	(Date o	002 of Organization)	_	(Duration: Year limited liabile exist or "perpe	ity company will cease t	to
6A	ugust 20, 2	002	*****		### TON	
	(Date	first transacted business in Fl	orida. (See sec	tions 608.501, 608.502, and 81	7.155, F.S.)	
7. <u>9</u>	055 Ibis Bl	vd.				
W	est Palm Bea	ach, FL 33412	٠		TALES TALES	02
	····	(Stre	et address of p	rincipal office)	>=:	₹.
8. If li	imited liability	company is a manager-r	nanaged cor	npany, check here	75. 652. 97.	622
9. The	e name and usu	al business addresses of	the managir	ng members or managers a	ire as follows	PH
S	ee Schedule	1 attached.			SI A	
		÷ · · · · · · · · · · · · · · · · · ·			D _F	8
	<u>.</u>		<u> </u>			
·						_
•			·			
10. Atta	ched is an original	certificate of existence, no mo	rethan 90 days	old, duly authenticated by the o	fficial having custody of	records in
thej	jurisdiction under t	he law of which it is organized	l. (A photocop	y is not acceptable. If the certific	ate is in a foreign langua	ge, a
trans	slation of the certif	icate under oath of the translate	ormust be subi	nitted.)		
11. Na	ture of busines	s or purposes to be cond	ucted or pro	moted in Florida:		
Re	eal estate a	acquisitions and re	al estate	management		
		See si	gnature p	age attached		
			· · · · · · · · · · · · · · · · · · ·	ized representative of a m	ember.	
		(In accordance with section 608	.408(3), F.S., th	ne execution of this document constant the facts stated herein are true.)		
		Typed or	nrinted nan	ne of signee	At	

SCHEDULE 1

Kitson & Partners, L.L.C. 9055 Ibis Blvd. West Palm Beach, FL 33412

Morgan Stanley Real Estate Fund IV Domestic, L.P. 1585 Broadway, 37th Floor New York, NY 10036-8293

MSP Real Estate Fund IV, L.P. 1585 Broadway, 37th Floor New York, NY 10036-8293

Morgan Stanley Real Estate Investors IV Domestic, L.P. 1585 Broadway, 37th Floor New York, NY 10036-8293

Morgan Stanley Real Estate Fund IV Special Domestic, L.P. 1585 Broadway, 37th Floor New York, NY 10036-8293

MSKP MANAGEMENT COMPANY, L.L.C.

Application for Authorization to Transact Business in Florida

Signature Page

MORGAN STANLEY REAL ESTATE FUND IV DOMESTIC, L.P.

By: MSREF IV Domestic-GP, L.L.C., a Delaware limited liability company, its general partner

Name:

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.

MSKP Managem	the Limited Liability Content Company, L.L.C	•	<u></u>
2. The name an	d the Florida street addre	ess of the registered agent and office a	re:
	CT Corporation	System (Name)	
	1200 South Pine		
	Florida street	address (P.O. Box NOT ACCEPTABLE)	
	Plantation,	FL 33324 (City/State/Zip)	a ja talasan j
liability company	y at the place designated t and agree to act in this to the proper and compl	and to accept service of process for the l in this certificate, I hereby accept the capacity. I further agree to comply wit ete performance of my duties, and I an registered agent as provided for in Cha	appoiniment as th the provisions of all n familiar with and

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

N

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSKP MANAGEMENT COMPANY, 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 TWENTIETH DAY OF AUGUST, A.D. 2002.



Flarriet Smith Windson Secretary of State

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1945394

DATE: 08-20-02

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