PAGE 01/04

Page 1 of 1

# Florida Department of State

**Division of Corporations** Public Access System

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# FOREIGN LIMITED LIABILITY COMPANY

### WILSON CORAL SPRINGS, LLC

Certificate of Status	1
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GRESS, FLORIDA STATUTES, THE FOLLOWING IS SUMMITTED TO REGISTER A POREIGN

Ilson Corel Springs, LLC (Name of Foreign Lin	nited Cability Company)
isconsin	3, Pending
urisdiction under the law of which foreign limited lish Impany is organized)	flity (FEI number, if applicable)
December 19, 2005	5. Perpetual
(Date of Organization)	(Direction: Year limited liability company will cease to exist or "perpetaal")
Upon registration	
(See sections 608.301 & 608.30	in Florids, if prior to registration.) 2 F.S. to determine penuity liability)
c/o RREEF, 875 North Michigan Avenue, 41st Floor, C	Inicago, IL 60611-1901
(Street Ad	dress of Principal Office)
If limited liability company is a manager-man	aged company, check here K
The name and name! business addresses of the	managing members or managers are as follows:
THE AMOUNT ATTE COMME DESCRIBED AND ADDRESS OF THE	managers memoria or weinstoke are es tonome.
THE THE PARTY OF T	icago, IL 60612-1901
RREBF, 875 North Michigan Avenue, 41st Floor, Chi	
KKERI, 873 NOTH MERICAR AVERS, 41st Floor, Ch	
KRESE, 873 NOTH MICHIGAL AVCHIE, 41st Floor, Ch	
KREEF, 873 NOTH MICHIGAL AVCHIG, 41st Floor, Ch.	
Attached is an original cartificate of existence, no n	nore than 90 days old, duly authenticated by the official havin
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Attached is an original cartificate of existence, no needy of records in the jurisdiction under the law of vota a foreign language, a translation of the certification of business or purposes to be conducted property, and any other lawful business activity for the Signature of a member or a function for the conducted of the conducted property.	nore than 90 days old, duly authenticated by the official havin which it is organized. (A photocopy is not acceptable. If the clicate under oath of the translator must be submitted.) and or promoted in Florida: sequire, held and eventually which a limited liability company may be organized to sutherized representatives of a member.

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# 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 Liability Company is:		
Wilson Coral Springs, LLC		_
2. The name and the Florida street address of the registered agent and office are:		
C T Corporation System		
(Name)		
1200 Seath Pine Island Read		
Florida Sirect Address (P.O. Box NOT ACCEPTABLE)	_	
Plantation, Florida 33324		
City/State/Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 608, Florida CT Completial System.  By:	siment as regist of all statutes and accept the	ered
Assistant Secretary	- · · · · · · · · · · · · · · · · · · ·	(S)
		$\supset$
\$ 100.00 Filing Fee for Application \$ 25.80 Designation of Paristered Application		

30.00 Certified Copy (optional)
5.80 Certificate of Status (optional)

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P.25

## United States of America State of Wisconsin

#### DEPARTMENT OF PINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

### WILSON CORAL SPRINGS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its data of incorporation or organization is December 19, 2005.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.5120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have because act my hand and affixed the official seal of the Department on December 20, 2005.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July I, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodism of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfl.org/epps/ccs/venfy/

Enter this code:

20355-94CABD35

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