

130500000271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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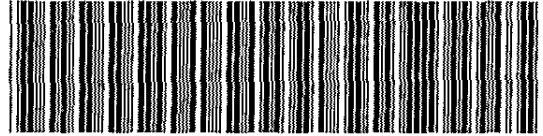
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CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 434152 4320503

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 87.50

ORDER DATE : June 17, 2005

ORDER TIME : 1:38 PM

ORDER NO. : 434152-010

CUSTOMER NO: 4320503

CUSTOMER: Ms. Kay Torpey
The Trump Group
Four Stage Coach Run
P.o. Box 186
East Brunswick, NJ 08816-0186

FOREIGN FILINGS

NAME: LPLA PARTNERS, LP

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

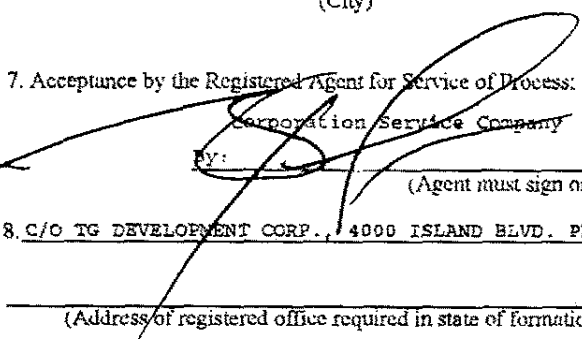
XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 2915

EXAMINER: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. LPPLA PARTNERS, LP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. DELAWARE 4. MARCH 15, 2005
(State of Formation) (Date of Formation)
5. Corporation Service Company
(Name of Registered Agent for Service of Process)
6. 1201 Hays Street
(Street Address of Registered Office)
- Tallahassee Florida 32301
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

By: Corporation Service Company **Brian Courtney**
Asst. V. Pres.
(Agent must sign on this line)
8. C/O TG DEVELOPMENT CORP., 4000 ISLAND BLVD. PH-2, AVENTURA FL 33160
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
TRANS LP HOLDINGS, LLC MO 5000063308
- C/O TG DEVELOPMENT CORP., 4000 ISLAND BLVD. PH-2, AVENTURA FL 33160
10. 4000 ISLAND BLVD. PH-2, AVENTURA FL 33160
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12 c/o TG DEVELOPMENT CORP., 4000 ISLAND BLVD. PH-2, AVENTURA, FL 33160

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 3rd day of JUNE, 2005

TRANS IP HOLDINGS, LLC

By:

General Partner

STATE OF NEW JERSEY

COUNTY OF MIDDLESEX

On this 3RD day of JUNE, 2005

JAMES M. LIEB, EVP OF THE GENERAL PARTNER, personally appeared before me,

☒ who is personally known to me

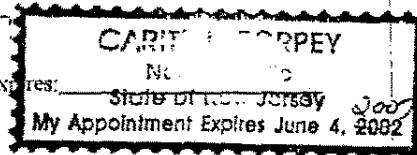
☐ whose identity I proved on the basis of


(Notary Public Signature)

CARITE L. TORPEY
(Notary's Printed Name)

Seal

My Commission Expires:



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED
PARTNERSHIP**

BEFORE ME the undersigned personally appeared TRANS LP HOLDINGS, LLC
a general partner of LPLA PARTNERS, LP a (an) DELAWARE
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 0.00.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.*

Signed this 3RD day of JUNE, 2005.

TRANS LP HOLDINGS, LLC

BY: *James Lieb*

General Partner

STATE OF NEW JERSEY

COUNTY OF MIDDLESEX

On this 3RD day of JUNE, 2005.

JAMES M. LIEB, EVP OF THE GENERAL PARTNER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Carite L. Torpey
(Notary Public Signature)

CARITE L. TORPEY

Notary Public

(Notary's Printed Name) State of New Jersey

My Appointment Expires June 4, 2007

Seal

My Commission Expires: _____