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FLORIDA/FOREIGN LP/LLP

CUTLER RIVERSIDE PRESERVATION, L.P.

| Certificate of Status | 0 |
|-----------------------|------------|
| Certified Copy | I |
| Page Count | 05 |
| Estimated Charge | \$1,052.50 |

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Corporate Filing Menu

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10/17/2007

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

| L.Cutler Riverside Preservation, L.P. | * | |
|---|---|--|
| Acceptable Limited Partnership suffixes: Limited | | |
| Acceptable Limited Liability Limited Parmership s or LLLP. | noffixes: Limited Liability Limited Partnership, L.L.L.P. | |
| | nited partnership or limited liability limited partnership is in Florida; must contain acceptable suffix.) | |
| 2 Delaware | 3. October 15, 2007 | |
| (State or Country of Formation) | (Date of Formation) | |
| 4 Corporation Service Company | | |
| (Name of Registered A | agent for Service of Process) | |
| 5,1201 Hays Street | | |
| (Florida street addre | ess for Registered Agent) | |
| Tallahassee, FL 32301 | | |
| 6. I hereby accept the appointment as registered a comply with the provisions of all staytest relative to and I am familiar with an accept the obligations of | egent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my gostition as registered agent. | |
| Corporation Sep- | vice Company | |
| By:(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Signature of Variet Budh | Registered Agent ti, Asst. Vice President | |
| 7. 60 Columbus Circle | • | |
| (Principal | office address) | |
| New York, NY 10023 | | |
| 3. If limited partnership is a limited liabilit | y limited partnership, check box | |

Page 1 of 3

| (Mailing address) | | |
|--|--------------------|--------|
| 10. Name, principal office address, and mailing address of each general partner: Cutler Riverside Preservation GPLLC 60 Columbus Circle | | |
| | | (Name) |
| | (Mailing Address) | |
| Curler Riverside Preservation GP (Name) II, LLC. | 60 Columbus Circle | |
| | New York, NY 10023 | |
| | (Mailing Address) | |
| | <u> </u> | |
| (Name) | (Street Address) | |
| | (Medling Address) | |
| (Name) | (Street Address) | |
| | (Mailing Address) | |

Page 2 of 3

| (Name) | (Street Address) |
|---|--|
| | (Mailing Address) |
| (Name) | (Sweet Address) |
| • | (Mailing Address) |
| | |
| 11. Effective date, if other than the date of | filing: |
| (Effective date cannot be prior to a filed by the Florida Department of | or more than 90 days after the date this document is State.) |
| to the delivery of this application to | ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of ty of the entity's records in the jurisdiction under the |
| Signed this 15th day | of October 20 07 |
| Signature of a general partner: | |
| | servation CP, LLC ison, Authorized Person |
| runah_ | |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 |

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07 OCT 17 AM 10: 13

Delaware

PAGE 1

The First State

I, EARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUTLER RIVERSIDE PRESERVATION,

L.P." 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 SEVENTEENTH DAY OF

OCTOBER, A.D. 2007.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "CUTLER RIVERSIDE PRESERVATION, L.P." WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2007.

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

4441337 8300 071122141



Varriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6080407

DATE: 10-17-07