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| CT CORPORATION SYSTEM | | |
| Requestor's Name 660 East Jefferson Str Address Tallahassee, FL 32301 City State Zip CORPORATIO | 222-1092 Phone | 400002016204(-12/09/9601124006 *****35.00 *****35.00 4000020162040 -12/09/9601124007 *****35.00 *****35.00 |
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| Profit () NonProfit () Limited Liability Co. | () Amendment | () Merger |
| () Poreign | () Dissolution/Withdra | wal () Mark |
| () Limited Partnership () Reinstatement | () Annual Report () Reservation | () Other UCC Filing () Change of R.A. () Fic. Name |
| () Certified Copy | () Photo Copies | () CUS |
| () Call When Ready Walk In () Mail Out | () Call if Problem | () After 4:30 Pick Up |
| Name Availability Document Examiner | | PLEASE RETURN EXTRA COPIES FILE STAMPED |
| Updater Verifier | 12-3 | |
| Acknowledgment | | 7 S |

CR2E031 (1-89)

W.P. Verifier

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | . Additiont Doral Points, Inc. | | |
|----|---|-------------------------|--------------------------|
| | (Name of corporation: must include the word "INCORPORATED", "CO- words or abbreviations of like import in longuage as will clearly indicat of a natural person or partnership if not so contained in the name at pr | a that it is a cornorat | ATION" or tion instea |
| 2. | . Dolaware | 3. Pending | |
| | (State or country under the law of which it is incorporated) | (FEI number, if | applicable |
| 4. | November 1996 5 Perpetual | , m | |
| | (Date of Incorporation) (Duration: Year corp. will cease | to exist or "perpetui | <u></u> |
| 6. | Upon receipt of Certificate of Authority (Date first transacted business in Florida, (See sections 607.1501, 60 | 7.1502 and 817.156 | 3, F.S.)) |
| 7. | G/O The RREEF FUNDS, 55 East 52nd Street | · . | |
| | 31st Floor, New York, NY 10055 | | |
| | (Current mailing address) | ر. ا |) 종류 유료교 |
| 8. | Real Property holding corporation | | |
| | (Purpose(s) of corporation authorized in home state or country to be ca Florida) | <u> </u> | |
| €. | Name and street address of Florida registered agent: | C.4. | |
| | Name: CT CORPORATION SYSTEM | | |
| | Office Address: c/o C T Corporation System, 1200 Se | outh Pine Island Ro | <u>ed</u> . |
| | Plantation , Florida, 333 (Zip C | 24 ode) | |
| ٥. | Registered agent acceptance: | | |

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

| (Registered agents signature) (Officer) | |
|---|--|
| 1.00 | |

- 11. Attached is a certificate of existence duly authenticated, not more than 80 days prior to dulivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

| A. | DIRECTORS | | | | | | • | |
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| | Vic | | | | | | | |
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| | Se | cretary: | | | | | | |
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C.T. CORPORATION SYSTEM

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| Tressurer: | y (*) | |
|---|---|---------------------|
| Address: | , | |
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| NOTE: If necessary, you may attach an ac | ddendum to the application listing | additional officers |
| and/or directors | • | |
| 13. Valuel 5" Burun (Signature of Chairman, Vice Chairman, or a | ny officer listed in number 12 of the | epplication) |
| 14. Patrick E. Brown Socretary | ing grider virtual in hadinasi vir or the | |
| Typed or printed name and capacity of para | on signing application) | |

BNISICH OF CORPORATIONS

ACQUIPORT DORAL POINTE, INC.

LIST OF OFFICERS

| NAME | TITLE | BUSINESS ADDRESS |
|-----------------------|---------------------|---|
| Gerald E. Egan | President | The RREEF Funds, 875 North Michigan |
| | | Avenue, Suite 4114, Chicago, IL 60611 |
| James D. King | Vice President | The RREEF Funds, 875 North Michigan |
| | | Avenue, Suite 4114, Chicago, IL 60611 |
| Patrick J. Callan | Vice President | The RREEF Funds, 55 East 52 nd Street, |
| | | 31st Floor, New York, NY 10055 |
| Robert H. Hamor | Vice President | The RREEF Funds, 55 East 52 nd Street, |
| | | 31 st Floor, New York, NY 10055 |
| Webb Sowden, Jr. | Vice President | The RREEF Funds, 1201 Main Street, |
| | | Suite 930, Dallas, TX 75202 |
| Stephen M. Steppe | Vice President | The RREEF Funds, 650 California Street, |
| | | Suite 1800, San Francisco, CA 94108 |
| William H. Stuebe | Vice President | The RREEF Funds, 55 East 52 nd Street. |
| | | 31 st Floor, New York, NY 10055 |
| Paula M. Ferkull | Treasurer | The RREEF Funds, 875 North Michigan |
| | | Avenue, Suite 4114, Chicago, IL 60611 |
| Patrick E. Brown | Secretary | Plunkett & Jaffe, PC 111 Washington Ave. |
| | | Albany, NY 12210 |
| John S. Harris | Assistant Secretary | Plunkett & Jaffe, PC 111 Washington Ave. |
| | | Albany, NY 12210 |
| | · · | · · · · · · · · · · · · · · · · · · · |

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ACQUIPORT DORAL POINTE, INC.

LIST OF DIRECTORS

NAME Gerald E. Egan

President

James D. King Vice President

BUSINESS ADDRESS
The RREEF Funds, 875 North Michigan
Avenue, Suite 4114, Chicago, IL 60611
The RREEF Funds, 875 North Michigan
Avenue, Suite 4114, Chicago, IL 60611

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACQUIPORT DORAL POINTE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 1996.

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



SECRETARY OF STATE DIVISION OF CORPORATION OF A PH I2: 35



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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