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LIMITED LIABILITY COMPANY

Two City Plaza SPE 27, LLC

Certificate of Status	0
Certified Copy	1
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#### ARTICLES OF ORGANIZATION OF Two City Plaza SPE 27, LLC

#### ARTICLE I

**NAME** 

The name of the limited liability company shall be: Two City Plaza SPE 27, LLC

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 15 Hemlock Drive, North Caldwell, New Jersey 07006.

#### ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Susan McGrath, 12467 Equine Lane, Wellington, Florida 33414. Located in the County of Palm Beach.

#### ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

#### ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and to name and address of the manager of the Limited Liability Company is:

Susan McGrath, 15 Hemlock Drive, North Caldwell, New Jersey 07006

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) \$27-5300

FAX AUDIT #10 50000 35 0513

## +t050000 350513

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Two City Plaza SPE 27, LLC

The name and address of the registered agent and office is: Susan McGrath, 12467 Equine Lane, Wellington, Florida 33414. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Sugan McGrath

Date: January 25, 2005

SEURENCE FIORIDA