

CT CORPORATION SYSTEM

CORPORATION(S) NAME

MOOOOOO OOOBBO

F.C. Forest Trace L.L.C.

000004323500--1

-05/23/01--01068--003

*****55.00 *****55.00

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|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

1001 MAY 25 11 11 38
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/25/01

Order#: 4427337

Ref#: _____

Amount: \$ _____

01 MAY 25 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

5-25-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

F.C. Forest Trace L.L.C.

(Name of limited liability company)

State of Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

50 Public Square, Suite 1160

(Mailing address)

Cleveland, Ohio 44113-2267

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

BLUEPSTE DEVELOPMENT COMPANY, a California general partnership and sole member
By: FOREST CITY EQUITY SERVICES, INC., an Ohio corporation and general partner

(Signature of member or authorized representative of a member)

James J. Prohaska, Executive Vice President

(Typed or printed name of signee)

APPROVED
AND
FILED
01 MAY 25 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00