

CT CORPORATION SYSTEM

CORPORATION(S) NAME

MD10000000396

(1) Continental 115 Fund LLC ~~(1) Continental 115 Fund LLC~~

200003745982--1
-02/21/01--01070--019
*****160.00 *****160.00

200003745982--1
-02/21/01--01070--020
*****5.00 *****5.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input 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 checked="" 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 checked="" type="checkbox"/> UCC |
| <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 | | |

Name _____ 2/21/01 Order#: 3647851
 Availability _____
 Document _____
 Examiner _____ M.S.
 Updater _____ Ref#: _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

RECEIVED
 01 FEB 21 PM 2:19
 01 FEB 21 PM 1:46
 FILED
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
 DATE 10/17/01 BY 22101

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

**APPLICATION BY A FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING
IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO
TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Name of foreign limited liability company: Continental 115 Fund LLC
2. Wisconsin
(Jurisdiction under the law of which foreign
limited liability company is organized)
3. 39-1993138
(FEI number)
4. April 10, 2000
(Date of Organization)
5. Perpetual
(Duration)
6. The limited liability company will transact business in Florida upon approval of
Application.
7. Street address of principal office: W133 N8569 Executive Parkway
Menomonee Falls, WI 53051
8. The limited liability company is a manager-managed company.
9. The name and usual business address of the managing member is as follows:

Continental Properties Company, Inc.
W133 N8569 Executive Parkway
Menomonee Falls, WI 53051
10. Attached is an original certificate of existence, no more than 90 days old, duly
authenticated by the official having custody of records in the jurisdiction under the
law of which it is organized.
11. Nature of business or purposes to be conducted or promoted in Florida: Own,
develop and manage real estate

CONTINENTAL 115 FUND LLC, a Wisconsin
limited liability company

BY: Continental Properties Company, Inc., a
Wisconsin corporation, Manager

By: Daniel J. Minahan
Daniel J. Minahan, Executive Vice President

APPROVED
AND
FILED
01 FEB 21 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Continental 115 Fund LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation, FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability 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 as provided for in Chapter 608, F.S..

Anne E Diamond, ASST SEC.
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

ALPHABETICALLY
AND
FILED
01 FEB 21 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOM
183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

CONTINENTAL 115 FUND LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is April 10, 2000.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on February 16, 2001.

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY:

Anne Ploessl

APPROVED
AND
FILED
FEB 21 PM 2:19
CLERK OF STATE
JANUARY 16, 2001
JANUARY 16, 2001

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.