

M010000002045



ACCOUNT NO. : 072100000032

REFERENCE : 458893 4355376

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 125.00

ORDER DATE : September 5, 2001

ORDER TIME : 9:33 AM

ORDER NO. : 458893-005

000004572470--5

CUSTOMER NO: 4355376

CUSTOMER: Ms. Jennifer Karrson
Pritzker Realty Group, Lp
200 West Madison Street
37th. Floor
Chicago, IL 60606

FOREIGN FILINGS

NAME: OSCEOLA COUNTY APARTMENTS
PHASE 2, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 1114

FILED
01 SEP -6 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED
01 SEP -6 AM 10:22
EXAMINER
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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

1. Osceola County Apartments Phase 2, L.L.C.
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. August 28, 2001
(Date of Organization)
5. December 31, 2051
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 200 West Madison Street, 37th Floor, Chicago, Illinois 60606
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Pritzker Residential Equities, L.P., 200 West Madison Street, 37th Floor,
Chicago, Illinois 60606

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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any and all activities

as permitted under Florida Limited Liability Company Statutes, including but not limited to
investments.

See Annex A attached hereto and made a part hereof.
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

FILED
01 SEP - 6 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Annex A

For

Osceola County Apartments Phase 2, L.L.C.

**OSCEOLA COUNTY APARTMENTS PHASE 2, L.L.C., a
Delaware limited liability company**

**By: PRITZKER RESIDENTIAL EQUITIES, L.P., a
Delaware limited partnership, the sole member**

**By: PRE GP, Inc., a Delaware corporation, the
general partner**

By:

Name:

Title:



Robbin Cohen

Vice President

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**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:

Osceola County Apartments Phase 2, L.L.C.

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

Corporation Service Company
(Name)

1201 Hays Street
Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

by: Margaret Rife, Asst Secretary
(Signature)

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

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSCEOLA COUNTY APARTMENTS PHASE 2, L.L.C." 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 FIFTH DAY OF SEPTEMBER, A.D. 2001.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3430562 8300

AUTHENTICATION: 1328635

010438615

DATE: 09-05-01